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(54) 【発明の名称】 様々な癌を診断、監視、段階づけ、造影及び治療する新規な方法

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#### (57) 【要約】

(21)出願番号

本発明は、乳癌、卵巣癌、子宮癌及び子宮内膜癌を含む 婦人科系の癌と肺癌を検出、診断、監視、段階づけ、予 知、造影及び治療するための新規な方法を提供する。

# 【特許請求の範囲】

【請求項1】 選択された癌の存在を患者において診断する方法であって、

- (a) 患者の細胞、組織又は体液におけるCSGのレベルを測定すること;及び
- (b) 測定されたCSGのレベルを正常なヒト対照由来の細胞、組織又は体液のCSGのレベルと比較することを含んでなり、正常なヒト対照に対する前記患者の測定されたCSGレベルの変化が選択された癌の存在に関連づけられる、前記方法。

【請求項2】 選択された癌の転移を患者において診断する方法であって、

- (a) 転移したことが知られていない選択された癌を有する患者を同定すること:
- (b) 前記患者由来の細胞、組織又は体液のサンプルにおける CSG レベルを 測定すること: 及び
- (c) 測定されたCSGレベルを正常なヒト対照の細胞、組織又は体液のCSGレベルと比較することを含んでなり、正常なヒト対照に対する患者の測定CSGレベルの増加が転移した癌に関連づけられる、前記方法。

【請求項3】 選択された癌を有する患者において、選択された癌を段階づける方法であって、

- (a) 選択された癌を有する患者を同定すること;
- (b) 前記患者由来の細胞、組織又は体液のサンプルにおける CSG レベルを 測定すること; 及び
- (c) 測定されたCSGレベルを正常なヒト対照サンプルの細胞、組織又は体液のCSGレベルと比較することを含んでなり、正常なヒト対照に対する前記患者の測定されたCSGレベルの増加が進行している癌に関連づけられ、測定されたCSGレベルの減少が退縮しているか又は寛解状態にある癌に関連づけられる、前記方法。

【請求項4】 選択された癌を患者において転移の発症について監視する方法であって、

(a) 転移したことが知られていない選択された癌を有する患者を同定するこ

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- (b) 前記患者由来の細胞、組織又は体液のサンプルにおけるCSGのレベルをCSGについて定期的に測定すること;及び
- (c) 定期的に測定されたCSGレベルを正常なヒト対照の細胞、組織又は体液のCSGレベルと比較することを含んでなり、正常なヒト対照に対する患者の定期的に測定されたCSGレベルのいずれか1つの増加が転移した癌に関連づけられる、前記方法。

【請求項5】 選択された癌の段階の変化を患者において監視する方法であって、

- (a) 選択された癌を有する患者を同定すること;
- (b) 前記患者由来の細胞、組織又は体液のサンプルにおける CSG レベルを CSG について定期的に測定すること: 及び
- (c) 定期的に測定されたCSGレベルを正常なヒト対照の細胞、組織又は体液のCSGレベルと比較することを含んでなり、正常なヒト対照に対する患者の定期的に測定されたCSGレベルのいずれか1つの増加が段階において進行している癌に関連づけられ、減少が段階において退縮しているか又は寛解状態にある癌に関連づけられる、前記方法。

【請求項6】 CSGがSEQ ID NO:1、10、11、12又は13を含み、選択された癌が乳癌、卵巣癌、子宮内膜癌及び子宮癌からなる群から選択される婦人科系の癌である、請求項1、2、3、4又は5に記載の方法。

【請求項7】 CSGがSEQ ID NO:2、9又は14を含み、選択された癌が肺癌であるか又は、卵巣癌、子宮内膜癌及び子宮癌からなる群から選択される婦人科系の癌である、請求項1、2、3、4又は5に記載の方法。

【請求項8】 CSGがSEQ ID NO:1、2、3、9、10、11、12、13又は14を含み、選択された癌が卵巣癌である、請求項1、2、3、4又は5に記載の方法。

【請求項9】 前記CSGがSEQ ID NO:1、2、3、9、10、11、12、13又は14を含む、CSGに対する抗体。

【請求項10】 請求項9に記載の抗体を患者へ投与することを含んでなる

、選択された癌を患者において造影する方法。

【請求項 ] ] 】 前記抗体が常磁性イオン又は放射性同位体で標識されている、請求項 1 0 に記載の方法。

【請求項12】 請求項9に記載の抗体を患者へ投与することを含んでなる、選択された癌を患者において治療する方法。

【請求項13】 抗体が細胞毒性薬に結合している、請求項12に記載の方法。

# 【発明の詳細な説明】

[0001]

# 発明の分野

本発明は、様々な癌、特に卵巣癌、子宮癌、子宮内膜癌及び乳癌を含む婦人科系の癌と肺癌を検出、診断、監視、段階づけ、予知、造影及び治療するための新規に開発されたアッセイに一部関する。

[0002]

# 背景技術

アメリカ癌学会は、今年のアメリカ人の癌死亡者数を56万以上と推定している。癌はアメリカでは第二位の死因であり、わずかに心臓病が多いだけである。 1999年だけで癌と診断される新患症例数は100万以上と推定されている。

[0003]

女性では、婦人科系の癌が悪性腫瘍の1/4以上を占める。

婦人科系の癌のなかでは乳癌が最も一般的である。婦人癌ネットワークによると、米国の女性のうち8人に1人は乳癌にかかるリスクがあり、28人に1人が乳癌で死亡するリスクがある。乳癌と診断される女性の約77%は50歳以上であるが、乳癌は40歳~55歳の女性の死因として第1位である。

[0004]

卵巣癌はもう1つのごく一般的な婦人科系の癌である。ほぼ70人に1人が生涯の間に卵巣癌に罹患する。1995年での卵巣癌による推定死亡者数は14,500であった。女性の生殖系のどの癌よりも死亡者数が高い。卵巣癌はそれと気づく症状を起こさないことが多い。しかしながら、40歳以上の女性で警告シグナルになりそうなのは、体液の蓄積による腹部の拡張、漠とした消化器系の障害(不快感、ガス、又は膨満)であるが、異常な膣出血は稀である。定期的な骨盤の精密検査が大切だが、Pap試験では卵巣癌を検出しない。40歳以上の婦人には毎年骨盤検査を受けることが推奨されている。

[0005]

また女性で一般的であるのは、子宮内膜癌又は子宮内層の癌である。婦人癌センターによると、子宮内膜癌は女性の悪性腫瘍全体の約13%を占める。米国で

は毎年約34,000例が子宮内膜癌と診断されている。

#### [0006]

子宮肉腫は他の婦人科系の癌に比較するとすっと稀な別のタイプの子宮悪性疾患である。子宮肉腫では、悪性の細胞が子宮の筋肉又は他の支持組織において増殖しはじめる。子宮肉腫は、子宮内膜癌(癌細胞が子宮の内層で増殖しはじめる疾患)とは異なる。この子宮癌は通常閉経後にはじまる。骨盤に高用量のX線(外部光線放射線療法)で治療を受けた女性は子宮肉腫を発症するリスクが高い。 上記 X 線は子宮からの出血を止めるために婦人に照射されることがある。

#### [0007]

肺癌は米国の男女で2番目に多いタイプの癌であり、いずれの性でも一番多い癌の死因である。肺癌は肺に起源を持つ原発性の腫瘍、又は大腸又は乳房のような別の器官から広がった続発性の腫瘍から生じる。原発性の肺癌は3つの主要タイプへ分類される;小胞性肺癌、非小胞性肺癌、及び中皮種である。小胞性肺癌が「燕麦細胞」肺癌とも呼ばれるのは、この癌細胞が特徴的な燕麦形だからである。非小胞性肺癌には3つのタイプがある。これらは同様に振舞い、治療に対しては小胞性肺癌とは異なる応答を示すので、一緒にまとめられる。この3つのタイプとは、扁平上皮癌、腺癌及び大細胞癌である。扁平上皮癌は肺癌の最も一般的なタイプである。これは気道の裏打ちとなる細胞から発症する。一方、腺癌では粘液を産生する特定タイプの細胞(phlegm)から発症する。大細胞肺癌がそのように名づけられているのは、顕微鏡下でこの細胞を観察するときに大きくて円く見えるためである。中皮腫は胸膜と呼ばれる肺の覆いに罹患する稀なタイプの癌である。中皮腫はアスベストへの曝露によりしばしば起こされる。

#### [0008]

上記タイプの癌のそれぞれを検出、診断、監視、段階づけ及び予知するのに使用される方法は患者のアウトカムにとってきわめて大切である。いずれの症例でも、癌の発症を早期に診断された患者は、転移した癌と診断された患者の生存率に比較してずっと高い5年生存率を一般に有する。様々なタイプの癌を早期診断するためのより高感度で特異的である新しい診断法が明らかに求められている。

# [0009]

本発明では、癌特異遺伝子(Cancer Specific Genes; CSG)の検出を介して、卵巣癌、乳癌、子宮内膜癌及び/又は子宮癌のような婦人科系の癌、及び肺癌を限定せずに包含する選択された癌を検出、診断、監視、段階づけ、予知、in vivo 造影及び治療するための方法が提供される。 9種のCSGが同定され、それらは、SEQ ID NO:1、2、3、4、5、6、7、8又は9のいずれかのポリヌクレオチド配列を含んでなる遺伝子により発現されるネーティブタンパク質を特に意味する。他のやり方では、本明細書で使用されるように、9種のCSGにより意味されるものは、SEQ ID NO:1~9のポリヌクレオチド配列のいずれかを含んでなる遺伝子によりコードされるネーティブなmRNAを意味するか、又はそれはSEQ ID NO:1~9のポリヌクレオチド配列のいずれかを含んでなる遺伝子によりコードされるネーティブなmRNAを意味するか、又はそれはSEQ ID NO:1~9のポリヌクレオチド配列のいずれかを含んでなる遺伝子そのものを意味する。SEQ ID NO:10、11、12、13又は14に示されるようなCGSのフラグメントも検出され得る。

## [0010]

本発明の他の目的、特徴、効果及び側面は、以下の説明から当業者に明らかになるだろう。しかしながら、以下の説明と特定の実施例は、本発明の好ましい態様を示すものであって、例示のためだけに示される。この開示される発明の精神及び範囲のなかで様々な変更及び改良をすることは、以下の説明を読むこと、及び本開示の他の部分を読むことから、当業者にはすぐに明らかであろう。

## [0011]

#### 発明の要約

上記及び他の目的のために、細胞、組織又は体液のCSGのレベルを、正常なヒト対照の好ましくは同一型の細胞、組織又は体液のCSGレベルと比較したときの変化について分析することによって、選択された癌の存在を診断する方法を提供することが本発明の目的であり、ここでは正常なヒト対照に対する患者のCSGレベルの変化が選択された癌に関連づけられる。本発明の目的では、「選択された癌」は、卵巣癌、乳癌、子宮内膜癌及び/又は子宮癌のような婦人科系の癌、及び肺癌を含むことを意味する。

#### [0012]

さらに提供されるのは、転移した選択された癌を有する疑いのあるヒト患者を 同定すること;そのような患者由来の細胞、組織又は体液のサンプルをCSGに ついて分析すること;そのような細胞、組織又は体液のCSGレベルを、正常な ヒト対照の好ましくは同一型の細胞、組織又は体液のCSGレベルと比較するこ とによって、転移したことが知られていない選択された癌を有する患者において 転移癌を診断する方法であり、ここでは正常なヒト対照に対する患者のCSGレ ベルの増加が転移した癌に関連づけられる。

### [0013]

本発明によりまた提供されるのは、上記のような癌を有するヒト患者を同定すること;そのような患者由来の細胞、組織又は体液のサンプルをCSGについて分析すること;そのような細胞、組織又は体液のCSGレベルを正常なヒト対照サンプルの好ましくは同一型の細胞、組織又は体液のCSGレベルと比較することによって、選択された癌をヒト患者において段階づける方法であり、ここでは正常なヒト対照に対する患者のCSGレベルの増加が進行している癌に関連づけられ、CSGレベルの減少が退縮しているか又は寛解状態にある癌に関連づけられる。

# [0014]

さらに提供されるのは、選択された癌を患者において転移の発症について監視する方法である。この方法は、転移したことが知られていない選択された癌を有するヒト患者を同定すること;そのような患者由来の細胞、組織又は体液のサンプルをCSGについて定期的に分析すること;そのような細胞、組織又は体液のCSGレベルを正常なヒト対照サンプルの好ましくは同一型の細胞、組織又は体液のCSGレベルと比較することを含み、ここでは正常なヒト対照に対する患者のCSGレベルの増加が転移した癌に関連づけられる。

#### [0015]

さらに提供されるのは、CSGのレベルに注目することによって、そのような 癌を有するヒトにおいて、選択された癌の段階変化を監視する方法である。この 方法は、選択された癌を有するヒト患者を同定すること、そのような患者由来の 細胞、組織又は体液のサンプルをCSGについて定期的に分析すること;そのよ うな細胞、組織又は体液のCSGレベルを正常なヒト対照サンブルの好ましくは 同一型の細胞、組織又は体液のCSGレベルと比較することを含み、ここでは正 常なヒト対照に対する患者のCSGレベルの増加が進行している癌に関連づけら れ、CSGレベルの減少が退縮しているか又は寛解状態にある癌に関連づけられ る。

# [0016]

さらに提供されるのは、選択された癌を検出又は診断する目的でCSGの局在化を患者において検出又は造影するために使用し得る、CSGに対する抗体、又はそのような抗体のフラグメントである。そのような抗体は、ポリクローナル又はモノクローナルであり得るか、又は分子生物学の技術によって製造し得る。本文及び本明細書を通して使用されるように、「抗体」という用語は、SELEXとして言及され、当業者によく知られている in vitro 進化のプロトコールから派生するようなアプタマー及び単鎖オリゴヌクレオチドも包含することを意味する。抗体は多様な検出ラベルで標識され得るが、それには、限定しないが、放射性同位体及び常磁性金属が含まれる。これらの抗体又はそのフラグメントはまた、CSGの発現により特徴づけられる疾患の処置における治療薬としても使用し得る。治療応用では、抗体は、放射性同位体、酵素、毒素、薬物又はプロドラッグのような細胞毒性薬へ誘導化するか又は誘導化せずに使用し得る。

# [0017]

本発明の他の目的、特徴、効果及び側面は、以下の説明から当業者に明らかになるだろう。しかしながら、以下の説明及び特定の実施例は、本発明の好ましい態様を示すものであって、例示のためだけに示される。この開示される発明の精神及び範囲のなかで様々な変更及び改良をすることは、以下の説明を読むこと、及び本開示の他の部分を読むことから、当業者にはすぐに明らかであろう。

#### [0018]

#### 発明の詳細な説明

本発明は、CSGのレベルを正常なヒト対照のCSGレベルと比較することによって、選択された癌を検出、診断、監視、段階づけ及び予知するための、定量的かつ定性的な診断アッセイ及び方法に関する。本明細書で使用されるように、

CSGのレベルとは、SEQ ID NO:1~9のいずれかのポリヌクレオチド配列を含んでなる遺伝子により発現されるネーティブなタンパク質のレベルのことである。他のやり方では、本明細書で使用されるように、CSGのレベルとは、SEQ ID NO:1~9のポリヌクレオチド配列のいずれかを含んでなる遺伝子によりコードされるネーティブなmRNAのレベルであるか、又はSEQ ID NO:1~9のポリヌクレオチド配列のいずれかを含んでなる遺伝子のレベルのことである。SEQ ID NO:10、11、12、13及び14に示されるようなCGSのフラグメントも検出され得る。そのようなレベルは、好ましくは細胞、組織及び/又は体液の少なくとも1つで測定され、正常及び異常なレベルの定量も含まれる。このように、例えば、正常な対照の体液、細胞又は組織のサンブルに比較してCSGタンパク質の過剰発現を診断する、本発明による診断アッセイは、選択された癌の存在を診断するために使用され得る。「選択された癌」とは、本明細書で使用されるように、卵巣癌、乳癌、子宮内膜癌又は子宮癌のような婦人科系の癌、または肺癌を意味する。

#### [0019]

9種のCSGは、本発明の方法において、単独でか、又はそのすべて一緒にか又は任意の組合せで測定され得る。しかしながら、卵巣癌、乳癌、子宮内膜癌及び子宮癌を含む婦人科系の癌に関する方法では、SEQ ID NO:1又はそのフラグメントを含んでなるCSGのレベルを定量することが好ましい。このCSGの検出し得る代表的なフラグメントは、SEQ ID NO:10、11、12及び13に示される。肺癌と、卵巣癌、子宮内膜癌及び子宮癌を含む婦人科系の癌に関する方法では、SEQ ID NO:2又は9を含んでなるCSGのレベルを定量することが好ましい。SEQ ID NO:14に示されるようなこのCSGのフラグメントも検出され得る。卵巣癌に関する方法では、SEQ ID NO:3を含んでなるCSGのレベルを定量することも好ましい。

#### [0020]

本発明のすべての方法は、CSGだけでなく他の癌マーカーのレベルを測定することも所望により包含し得る。本発明に有用なCSG以外の癌マーカーは、試験される癌により異なり、当業者に知られている。

[0021]

#### 診断アッセイ

本発明は、細胞、組織又は体液のCSGのレベルを、正常なヒト対照由来の好ましくは同一型の細胞、組織又は体液のCSGのレベルと比較したときの変化について分析することによって選択された癌の存在を診断する方法を提供し、ここでは正常なヒト対照に対する患者のCSGレベルの変化が選択された癌の存在に関連づけられる。

#### [0022]

本発明を限定しないが、一般に、定量的な診断アッセイでは、試験される患者が癌を有することを示す陽性の結果とは、CSGのような癌マーカーの細胞、組織又は体液レベルが、正常なヒト対照の好ましくは同一の細胞、組織又は体液のレベルより少なくとも 2 倍高く、最も好ましくは少なくとも 5 倍高いことである

## [0023]

本発明はまた、まだ転移していない選択された癌を有する患者において、選択された癌の転移を転移の発症について診断する方法を提供する。本発明の方法では、転移した可能性がある(が転移したことは知られていない)選択された癌を有することが疑われるヒト癌患者が同定される。このことは当業者に知られた様々な手段により達成される。例えば、卵巣癌の場合、患者は一般に外科的段階づけとCA125レベルの監視に従って卵巣癌と診断される。従来の検出法も利用可能であり、患者のCSGレベルの定量により診断し得る他の選択された癌について知られている。

# [0024]

本発明では、細胞、組織又は体液のCSGレベルの存在を決定することは、転移していない選択された癌と転移した選択された癌とを区別するために特に有用である。現存の技術では転移した癌と転移していない癌とを区別することが難しく、適切な治療の選択はそのような知識にしばしば左右される。

#### [0025]

本発明では、そのような細胞、組織又は体液で測定される癌マーカーはCSG

であり、そのレベルが正常なヒト対照の好ましくは同一型の細胞、組織又は体液のCSGレベルと比較される。つまり、観察される癌マーカーが血清のCSGであれば、このレベルが好ましくは正常ヒト患者の血清のCSGレベルと比較される。正常なヒト対照に対する患者のCSGの増加が転移した癌に関連づけられる。

## [0026]

本発明を限定しないが、一般に、定量的な診断アッセイでは、試験されるか又は監視される患者の癌が転移したことを示す陽性の結果とは、CSGのような癌マーカーの細胞、組織又は体液レベルが、正常患者の好ましくは同一の細胞、組織又は体液のレベルより少なくとも2倍高く、最も好ましくは少なくとも5倍高いことである。

#### [0027]

本明細書で使用される正常なヒト対照には、癌を有さないヒト患者、及び/又はその患者由来の非癌性サンプルが含まれ;転移について診断又は監視する方法では、正常なヒト対照には、転移してない選択された癌を有すると信頼し得る方法により判定されるヒト患者由来のサンプルも含まれる。

## [0028]

#### 段階づけ(ステージング)

本発明はまた選択された癌をヒト患者において段階づける方法を提供する。

#### [0029]

この方法は、選択された癌を有するヒト患者を同定すること、及びそのような 患者由来の細胞、組織又は体液のサンプルをCSGについて分析することを含む 。次いで、この方法ではそのような細胞、組織又は体液のCSGレベルが正常な ヒト対照のサンプルの好ましくは同一型の細胞、組織又は体液のCSGレベルと 比較され、ここでは正常なヒト対照に対するヒト患者のCSGレベルの増加が進 行している癌に関連づけられ、CSGレベルの減少が退縮しているか又は寛解状 態にある癌に関連づけられる。

# [0030]

#### 監視(モニタリング)

さらに提供されるのは、選択された癌をヒトにおいて転移の発症について監視する方法である。この方法は、転移したことが知られていない選択された癌を有するヒト患者を同定すること;そのようなヒト患者由来の細胞、組織又は体液のサンプルをCSGについて定期的に分析すること;そのような細胞、組織又は体液のCSGレベルを正常なヒト対照サンプルの好ましくは同一型の細胞、組織又は体液のCSGレベルと比較することを含み、ここでは正常なヒト対照に対するヒト患者のCSGレベルの増加が転移した癌に関連づけられる。

### [0031]

本発明によりさらに提供されるのは、上記のような癌を有するヒトにおいて、選択された癌の段階変化を監視する方法である。この方法は、選択された癌を有するヒト患者を同定すること;そのような患者由来の細胞、組織又は体液のサンプルをCSGについて定期的に分析すること;そのような細胞、組織又は体液のCSGレベルを正常なヒト対照サンプルの好ましくは同一型の細胞、組織又は体液のCSGレベルと比較することを含み、ここでは正常なヒト対照に対するヒト患者のCSGレベルの増加が段階において進行している癌に関連づけられ、CSGレベルの減少が段階において退行しているか又は寛解状態にある癌に関連づけられる。

#### [0032]

そのような患者を転移の発症について監視することは定期的であり、好ましく は四半期ベースでなされる。しかしながら、当該の癌、特定の患者、及び癌の段 階によっては頻度を増減してよい。

### [0033]

### アッセイ技術

患者に由来するサンプルにおいて、本発明のCSGのような遺伝子発現のレベルを定量するために使用し得るアッセイ技術は、当業者によく知られている。そのようなアッセイ方法には、ラジオイムノアッセイ、逆転写酵素PCR(RT-PCR)アッセイ、免疫組織化学アッセイ、in situ ハイブリダイゼーションアッセイ、競合的結合アッセイ、ウェスタンブロット分析、ELISAアッセイ及びプロテオミック・アプローチが含まれる。上記のなかで、生物学的流体におけ

る遺伝子の発現タンパク質を診断するためにしばしば好ましいのはELISAである。

#### [0034]

ELISAアッセイは、先ず、市販品から容易に入手し得ない場合は、CSGに対する特異抗体、好ましくはモノクローナル抗体を製造することを含む。さらに、一般に、CSGと特異的に結合するレポーター抗体が製造される。このレポーター抗体には、放射活性、蛍光、又は酵素の試薬のような検出可能な試薬、例えば西洋ワサビペルオキシダーゼ酵素又はアルカリホスファターゼが付けられる

# [0035]

ELISAを実行するには、CSGに特異的な抗体を、この抗体に結合する固形支持体、例えばポリスチレンディッシュ上でインキュベートする。さらにウシ血清アルブミンのような非特異的なタンパク質とインキュベートすることによって、ディッシュ上のフリーなタンパク質結合部位がカバーされる。次に、分析すべきサンプルをこのディッシュの中でインキュベートすると、その間に、ポリスチレンディッシュに付いた特異抗体にCSGが結合する。未結合のサンプルを緩衝液で洗い落とす。CSG特異的に向けられて西洋ワサビベルオキシダーゼに結合したレポーター抗体をディッシュに入れると、CSGに結合したモノクローナル抗体にこのレポーター抗体が結合する。付着しなかったレポーター抗体を洗い流す。比色基質を含むベルオキシダーゼ活性用の試薬をディッシュに加える。CSG抗体に連結した固定化ベルオキシダーゼにより発色した反応生成物が産生される。ある一定時間における発色量は、サンプルに存在するCSGタンパク質の量に比例している。一般に、標準曲線を参照にして定量的な結果を得る。

#### [0036]

競合アッセイを利用することも可能であり、ここでは固形支持体及び標識されたCSGに付いたCSGの特異抗体と宿主由来のサンプルを固形支持体に通過させ、固形支持体に付いた検出ラベルの量をサンプル中のCSG量に相関させる。

## [0037]

核酸法は、CSGのmRNAを選択された癌のマーカーとして検出するために

使用し得る。ポリメラーゼ連鎖反応(PCR)及び、リガーゼ連鎖反応(LCR)及び核酸配列ベースの増幅(NASABA)のような他の核酸法が、様々な選択された悪性疾患の診断及び監視用に悪性腫瘍細胞を検出するために使用し得る。例えば、逆転写酵素PCR(RT-PCR)は、数千もの他のmRNA種の複雑な混合物において特定のmRNA集団の存在を検出するために使用し得る強力な技術である。RT-PCRでは、先ず酵素の逆転写酵素を使用してmRNA種が相補DNA(cDNA)へ逆転写される;次いでこのcDNAを標準的なPCR反応において増幅する。このようにRT-PCRは増幅によりある単一のmRNA種の存在を示し得る。従って、このmRNAがそれを産生する細胞にごく特異的であれば、RT-PCRを使用して特定タイプの細胞の存在を同定し得る。

# [0038]

固形支持体上にアレイ配列された(即ち、グリッディング)クローン又はオリコヌクレオチドに対するハイブリダイゼーションを使用して、当該遺伝子の発現を検出すること、及びその発現レベルを定量することが可能になる。このアプローチでは、CSG遺伝子をコードするcDNAが基質に固定されている。この基質は好適なタイプのものであり得るが、限定せずに、ガラス、ニトロセルロース、ナイロン又はプラスチックを包含する。CSG遺伝子をコードするDNAの少なくとも一部分を基質に付け、次いで分析物とインキュベートするが、これは関心対象の組織から単離された、RNA又はそのRNAの相補DNA(cDNA)コピーであり得る。基質に結合したDNAと分析物とのハイブリダイゼーションは、様々な手段により検出及び定量され得るが、それには限定せずに、分析物又はハイブリッド検出用に設計された二次分子を放射活性標識すること又は蛍光標識することが含まれる。遺伝子発現レベルの定量は、分析物由来のシグナル強度を既知の標準から決定された強度と比較してなされる。標準は、標的遺伝子のinvitro 転写、収率の定量、及びその材料を使用して標準曲線を作成することによって得られる。

#### [0039]

プロテオミック・アプローチでは、二次元 (2D) 電気泳動が当技術分野でよく知られた技術である。血清のようなサンプルから各タンパク質を単離すること

は、通常ポリアクリルアミドゲル上で、様々な特性によりタンパク質を連続的に分離することによってなされる。先ず、タンパク質は電流を使用してサイズにより分離される。電流はすべてのタンパク質に均等に作用するので、より小さいタンパク質はより大きいタンパク質よりゲル上を遠く移動する。第二の次元では最初に対して垂直な電流を適用し、サイズではなく、各タンパク質の担う特定の電荷に基づいてタンパク質が分離される。異なる配列を有する2つのタンパク質がサイズと電荷の両方で一致することはないので、2D分離の結果、四角いゲル上に各タンパク質が特有のスポットを占める。化学品又は抗体のプローブでスポットを分析するか、又は後続のタンパク質のミクロ配列決定により、サンプル内のある特定タンパク質の相対量やタンパク質の同一性を明らかにし得る。

## [0040]

上記の試験は、多種多様な患者の細胞、体液及び/又は組織生検及び剖検材料に由来するような組織抽出物(ホモジェネート又は可溶化された組織)から派生したサンプルに対して実施し得る。本発明に有用な体液には、血液、尿、唾液、又は他の身体分泌物又はそれらの誘導物が含まれる。血液は、白血球、血漿、血清、又は血液の誘導物を包含し得る。

## [0041]

## In vivo の抗体使用

CSGに対する抗体は、肺癌、又は卵巣癌、乳癌、子宮内膜癌又は子宮癌のような婦人科系の癌を含む選択された癌に罹患していることが疑われる患者に in vivo でも使用し得る。特に、CSGに対する抗体は、選択された癌を有する疑いのある患者へ、診断及び/又は治療の目的で注射され得る。 in vivo 診断に抗体を使用することは当技術分野でよく知られている。例えば、インジウムー111で標識した抗体ーキレート剤は、癌胎児性抗原を発現する腫瘍の放射免疫シンチグラフィー造影での使用が記述されている (Sumerdon et al., Nucl. Med. Bi ol. 1990, 17: 247-254)。特に、このような抗体ーキレート剤は、再発性の結腸直腸癌を有する疑いのある患者の腫瘍を検出するのに使用されてきた (Griffin et al., J. Clin. Onc. 1991, 9: 631-640)。磁気共鳴映像に使用される標識としての常磁性イオンが付いた抗体についても記述されてきた (Lauffer, R. B.

,Magnetic Resonance in Medicine,1991,22: 339—342)。 CSGに対して向けられた抗体も同様のやり方で使用し得る。 CSGに対する標識抗体は、患者の病態を診断又は段階づける目的で、選択された癌を有する疑いのある患者へ注射され得る。使用される標識は、用いられる造影の様式に応じて選択される。例えば、インジウムー111、テクネチウムー99m又はヨウ素ー131のような放射活性標識は、二次元スキャン又はシングルフォトンエミッションコンピュータ断層撮影法(SPECT)に使用し得る。フッ素ー19のような陽電子放射標識は、陽電子放射断層撮影法に使用し得る。ガドリニウム(III)又はマンガン(II)のような常磁性イオンは、磁気共鳴映像(MRI)に使用し得る。標識の定位により癌の広がりを決定することが可能になる。臓器又は組織内にある標識の量により当該臓器又は組織における癌の有無を判定することも可能になる。

#### [0042]

選択された癌と診断された患者にとっては、CSGに対する抗体を注射することが治療上の利益をもたらし得る。抗体はその治療効果を単独で発揮するかもしれない。他のやり方では、抗体は、その治療効果を増強させるために薬物、毒素又は放射性核種のような細胞毒性薬に結合(コンジュゲート)される。モノクローナル抗体医薬については、例えば Garnett and Baldwin, Cancer Research 19 86, 46: 2407–2412 により、当技術分野で記述されてきた。モノクローナル抗体に毒素を結合して様々な癌種の治療に使用することも Pastan et al., Cell 198 6, 47: 641–648 に記述されている。イットリウムー90で標識したモノクローナル抗体については、正常組織に対する毒性を制限しながら腫瘍へ最大用量をデリバリーすることが記述されている(Goodwin and Meares,Cancer Supplement 1997, 80: 2675–2680)。限定しないが、銅ー67、ヨウ素-131及びレニウムー186を含む、他の細胞毒性の放射性核種もCSGに対する抗体の標識に使用し得る。

#### [0043]

上記in vivoの方法に使用し得る抗体には、ポリクローナル及びモノクローナル抗体と分子生物学の技術により製造される抗体がいずれも含まれる。抗体フラグメント、及びSELEXとして言及され、当業者によく知られている in vitr

o 進化のプロトコールから派生するようなアプタマー及び単鎖オリゴヌクレオチ ドも使用し得る。

[0044]

本発明は以下の実施例によりさらに詳しく説明される。以下の実施例は特定の 態様に関連して本発明を具体的に説明するためにのみ提供される。これら典型的 な実施例は、本発明のある側面を説明するが、限定的なことを示したり、開示さ れた発明の範囲を制限するものではない。

[0045]

【実施例】

実施例1.

diaDexus LLC, サンタクララ、CAにより開発されたデータマイニング用のCancer Leads Automatic Search Package (CLASP) を使用して、Incyte Pharmaceuticals, パロアルト、CAより入手可能なLIFESEQデータベースのデータを体系的に分析することにより、CSGの同定を実施した。

[0046]

CLASPは以下の工程を実施する:標的臓器における対応ESTの(他の全臓器と比較した)アバンダンスレベルに基づいて、高度に発現されている臓器特異的な遺伝子を選択すること;高度に発現されている臓器特異的遺伝子のそれぞれについて、正常、腫瘍組織、罹患組織及び腫瘍又は疾患に関連した組織ライブラリーにおける発現レベルを分析すること。成分ESTを示している候補遺伝子は、腫瘍ライブラリーにおいて専ら又はより頻繁に選択した。CLASPにより、高度に発現されている臓器及び癌特異遺伝子を同定することが可能になる。次いで詳細評価の最終マニュアルを実施して、CSG選択を完了する。

[0047]

【表 1】

## 表1:CSG配列

SEQ	I D	NO:	LS	クローン	I D	•	遺伝子	I D
1		1 6	656	5 5 4 2			2 3 4	6 1 7.
2		1 2	8 3 1	7 1			3 3 2	4 5 9
3		1 6	493	377			481	154
4		2 3	6 0 4	4 H 1			特定せ	<b>उ</b> *
5		特定	せず			•	2 5 5	687
6		特定	せず				251	3 1 3
7		特定	せず				1 2 0	2 9
8		特定	せず				251	804

#### [0048]

以下の実施例は、詳しく説明される場合を除くと、当業者によく知られていて 常法となっている標準技術を使用して実施した。以下の実施例にある定常的な分 子生物学の技術は、Sambrook et al., MOLECULAR CLONING: A LABORATORY MANUA L, 2nd. Ed.; Cold Spring Harbor Laboratory Press, Cold Spring Harbor, N. Y. (1989) のような標準実験マニュアルに記載の通りに実施し得る。

### [0049]

# 実施例2:遺伝子発現の比較定量

蛍光Taamanプローブを用いるリアルタイム定量PCRは、Taa DNAポリメラーゼの5'ー3'ヌクレアーゼ活性を利用する定量的な検出系である。この方法では、5'のレポーター色素と下流の3'消光色素で標識された内部蛍光オリゴヌクレオチドプローブ(Taaman)が使用される。PCRの間に、Taa DNAポリメラーゼの5'ー3'ヌクレアーゼ活性によりレポーターが放出され、次いでModel 7700 Seauence Detection System(PE Applied Biosystems,フォスターシティ、CA,アメリカ)のレーザー検出器によりその蛍光を検出し得る。

#### [0050]

増幅した内因性対照物を使用して、反応物に加えられるサンプルRNAの量を標準化し、逆転写酵素(RT)の効率を正規化する。この内因性対照物として使用されるのは、シクロフィリン、グリセルアルデヒドー3ーリン酸デヒドロゲナーゼ(GAPDH)又は18SリボソームRNA(rRNA)のいずれかである

。試験される全サンプル間の相対量を算出するために、1つのサンプルの標的RNAレベルを比較結果の基準値(キャリプレータ)として使用した。「キャリブレータ」に対する相対量は、標準曲線を使用するか又は比較法(User Bulletin #2:ABI PRISM 7700 Sequence Detection System)により得ることができる。

[0051]

正常組織及び癌組織の各例につき、標的遺伝子の組織分布及びレベルを評価した。正常組織、癌組織、及び癌とその対応する対等の(matched) 隣接組織から全RNAを抽出した。次いで、逆転写酵素を用いて第一のcDNA鎖を調製し、各標的遺伝子に特異的なプライマー及びTagmanプローブを使用して、ポリメラーゼ連鎖反応を実施した。この結果は、ABI PRISM 7700 Seguence Detectorを使用して分析される。以下の無名数は、キャリブレータ組織に比較した、特定組織における標的遺伝子の相対発現レベルである。

[0052]

Ovr110;クローン ID16656542;遺伝子ID 234617 ( SEQ ID NO:1、10、11、12又は13)の測定

表2に示す無名数は、12種の異なる正常組織におけるOvr110(SEQID NO:1又はSEQID NO:10、11、12又は13に示されるそのフラグメント)の相対発現レベルである。数値はすべて正常な胃(キャリプレータ)に比較されている。これらのRNAサンプルは、様々な個体由来の特定組織のサンプルをプールして産生した市販品のプールである。

[0053]

【表2】

組織 正常 結腸 0.00 子宮内膜 8.82 腎臓 7.19 肝臓 0.36 卵巣 1. 19 膵臓 21.41 2. 79 前立腺 小腸 0.03

8.72

0.93

表2:プールしたサンプルにおけるOvr110の相対発現レベル

# [0054]

表2の相対発現レベルは、分析したほとんどの正常組織においてOvrll0 が比較可能なレベルで検出されることを示す。高レベルのOvrll0 mRN Aを発現している組織は、相対発現レベルが21.41の膵臓、子宮内膜(8.82)、精巣(8.72)及び腎臓(7.19)だけである。

脾臓

精巣

子宫

000000胃

#### [0055]

表2の無名数は、様々な個体由来の特定臓器サンプルのプールを分析して得た ものである。それらは、単一個体の組織サンプルから得たRNAに由来する表3 の無名数には比較し得ない。

# [0056]

表3に示される無名数は、73対の対等サンプルにおけるOvr110の相対発現レベルである。いずれの数値も正常な胃(キャリブレータ)に比較されている。対等の対は、特定組織の癌サンプル由来のmRNAと同一の個体に由来する同一組織の正常隣接サンプルのmRNAにより形成される。さらに、15種の対等でない癌サンプル(卵巣と乳腺由来)と14種の対等でない正常サンプル(卵巣と乳腺由来)も試験した。

## [0057]

## 【表3】

表3:個別サンプルにおける〇vr110の相対発現レベル

サンブルID	組織	#	対等の正常隣接	正常
Ovr103X	卵巣 1	86.22	0. 53	ш.ж
Ovr10400	卵巢2	168.31	1 0.00	
Ovr 1157	卵巣3	5 2 8 . 2 2	<del> </del> -	
Ovr63A	卵巣4	1.71	<del> </del>	<del></del>
Ovr7730	卵巣5	464.65	<del></del>	<del></del>
Ovr 10050	卵巣6	18.32		<del></del>
Ovr 1028	卵巣 7	7. 78		
Ovr1118	卵巣8	0.00		
Ovr 130X	卵巣9	149.09	<del> </del>	
Ovr638A	卵巣10	3. 14		
OVIAIB	卵巣11	21.26		
OVIAIC	卵巣12	1.83	<del> </del>	
OvrC360	卵巣13	0.52	<del></del>	
Ovr 18GA	卵巣14	0. 32		1.07
Ovr 20GA	卵巣15	······································		1.88
Ovr 25GA	卵巣16			2. 52
Ovr 2061	卵巣17			2. 51
Ovr 32RA	卵巣18			3. 01
Ovr35GA	那集19	<del></del>	<del></del>	5. 17
Ovr 40G	郊巣20			0.45
Ovr 50GB	卵巢21			2. 6 9
OvrC087	卵巣22			0.47
OvrC179	卵巣23			1.46
OvrC004	卵巣24			4. 9 9
OvrC007	卵巣25			13.36
OvrCl09	卵巣26			6.61
MamS516	乳腺 1	16.39	13.74	
MamS621	乳腺 2	826.70	4.60	
MamS854	乳腺3	34.60	18.30	
Mam59X	乳腺 4	721.57	27.00	
MamS079	乳腺 5	80.73	5.10	
MamS967	乳腺6	6746.90	72.80	
MamS127	乳腺7	7.00	20.00	
MamB011X	乳腺 8	1042.00	29.00	
Mam12B	乳腺 9	1342.00		
Mam82XI	乳腺10	507.00		
MamS123	乳腺 1 1	24.85	4.24	
MamS699	乳腺12	84.74	5.54	
MamS997	乳腺13	482.71	11.84	
Mam 1 6 2 X	乳腺14	15.73	10.59	
MamA06X	乳腺15	1418.35	8.20	
Mam603X	乳線16	294.00		
Mam699F	乳腺17	567.40	86.60	
Mam12X	乳腺18	425.00	31.00	
MamA04	乳腺19			2.00
Mam42DN	乳腺20	46.05	31.02	
Utr23XU	子宮1	600.49	27.95	
Utr85XU	子宮2	73.52	18.83	
Utr135X0	子宮 3	178.00	274.00	
Utr141XO	子宮4	289.00	26.00	
CvxNKS54	類部 1	2.47	0.61	

[0058]

【表4】

CvxKS83	頚師 2	1.00	2.00	·
CVXNKS18	類邸3		0.00	<u> </u>
CVXNK318	類部 4	1. 00 5. 84	14.47	
		20.32		<del></del>
CvxNK24	類部5		33.13	<u> </u>
End68X	子宮内膜 1	167.73	544.96	
End8963	子宮内膜2	340.14	20.89	
End8XA	子宫内膜 3	1.68	224.41	ļ
End65RA	子宮内膜 4	303.00	5.00	<u> </u>
End8911	子宮内膜 5	1038.00	74.00	ļ
End 3 A X	子宫内膜 6	6.59	1.69	<u> </u>
End4XA	子宫内膜 7	0.43	15.45	
End5XA	子宮内膜8	17.81	388.02	
End 1 0 4 7 9	子宮内膜 9	1251.60	31.10	<b> </b>
End12XA	子宫内膜 10	312.80	33.80	
Kidl07XD	育旗 1	2.68	29.65	
Kid109XD	<b>腎賦 2</b>	81.01	228.33	
KidlOXD	腎臓 3	0. 00	15.30	
K i d 6 X D	野腺 4	18.32	9.06	
KidllXD	野蔵5	1. 38	20.75	
Kid5XD	野旗 6	30.27	0.19	
Liv15XA	肝臓1	0.00	0.45	
Liv42X	肝臓 2	0.81	0.40	
Liv94XA	肝臓3	12.00	2. 16	
LngLC71	肺 1	5.45	3. 31	
LngAC39	肺 2	1. 11	0.00	
LngBR94	肺3	4. 50	0.00	
LngSQ45	肺4	15.03	0.76	
LngC20X	肺5	0.00	1.65	
LngSQ56	<b>肺</b> 6	91.77	8.03	
CinAS89	結腸1	0.79	7.65	
CInC9XR	結腸2	0.03	0.00	
CinRC67	結腸3	0.00	0.00	
СІЛЅСЗБ	結腸4	0.81	0.35	
ClnTX89	結腸 5	0.00	0.00	
ClnSG45	結腸6	0.00	0.06	
CInTX01	結腸 7	0.00	0.00 2.62	
Pan77X	<b>膵臓1</b>	0.89 3.99	0.12	
Pan71XL	膵臓 2 膵臓 3	5 9. 9 2	28.44	
Pan 8 2 X P		17.21	0.00	
Pan92X		7.54	6.43	
StoAC93 StoAC99	# 1 # 2	19.49	3. 19	
	Ħ 2 胃 3	3.62	0.37	
StoAC44 SmI21XA	小腸1	0.00	0.37	
SmI21XA SmIH89	小腸 2	0.00	0.00	
BId32XK	膀胱1	0.00	0. 21	
Bld32KK	膀胱2	0.00	0.21	
BldTR17	膀胱3	0.38	0. 32	-
Tst39X	特果	11.24	2. 24	
Pro84XB	前立腺 1	2.60	24.30	<del> </del>
Pro90XB	前立腺2	1.40	2.00	-
PIOSUND	Bil JEROK &	1. 40	2. 00	L

0.00=陰性

# [0059]

表2及び表3は16種の異なる組織型で合わせて全187個のサンプルを表す。対等サンプルの分析では、より高いレベルの発現が乳腺、子宮、子宮内膜及び卵巣で認められ、婦人科系の組織に対する高い組織特異性を示した。分析した上記以外の全サンプルで高い発現レベルの0vr110を示したのは数サンプル(

Kid109XD、LngSQ56及びPan82XP) だけであった。

[0060]

さらに、同一個体由来の癌サンプルと同系遺伝子の正常隣接組織においてmRNAの発現レベルを比較した。この比較により癌の段階についての特異性が示される(例えば、正常隣接組織に比較して癌サンプルでより高いレベルのmRNAが発現している)。表3は、16個の乳腺癌組織のうち15個(乳腺サンプルMamS516、MamS621、MamS854、Mam59X、MamS079、MamS967、MamB011X、MamS123、MamS699、MamS997、Mam162X、MamA06X、Mam699F、Mam12X及びMam42DN)でそれぞれの正常隣接組織に比較してOvr110が過剰発現していることを示す。試験した乳腺の対等サンプルの94%で癌組織における過剰発現があった。

# [0061]

子宮では、4個の対等サンプルのうち3個(子宮サンプルUtr23XU、Utr85XU、及びUtr141XO)でOvr110が過剰発現している。分析した子宮の対等サンプルの75%で癌組織における過剰発現があった。

# [0062]

子宮内膜では、10個の対等サンプルのうち6個(子宮内膜サンプルEnd8963、End65RA、End8911、End3AX、End10479、及びEnd12XA)でOvr110が過剰発現している。分析した子宮の対等サンプルの60%で癌組織における過剰発現があった。

# [0063]

卵巣では、1個の対等サンプルのうち1個でOvr110が過剰発現を示す。 対等でない卵巣サンプルについては、12個のうち8個の癌サンプルが正常の非 対等卵巣サンプルのメジアン(2.52)より高いOvr110の発現値を示す 。対等でない卵巣サンプルの67%で癌組織における過剰発現があった。

#### [0064]

以上から、試験した対等サンプルのほとんどにおける組織特異性レベル、並びにmRNAの過剰発現は、OvrllO(SEQ ID NO:1、10、11

、12又は13を含む)が婦人科系の癌、特に乳腺又は乳房、子宮、卵巣及び子 宮内膜の癌を検出するための診断マーカーになることを示している。

[0065]

Ovrll4;クローン ID1649377;遺伝子ID 481154 (S EQ ID NO:3)の測定

表4に示す数字は、12種の正常組織におけるOvrll4の、膵臓(キャリブレータ)に比較した相対発現レベルである。これらのRNAサンプルは市販品から得て、様々な個体由来の特定組織のサンプルをプールして産生した。

[0066]

# 【表 5】

表4:プールしたサンプルにおけるOvrll4の相対発現レベル

組織	正常
結腸	2. 3
子宮内膜	7.6
腎臓	0.5
肝臓	0.6
卵巣	5. 2
膵臓	1. 0
前立腺	2. 1
小腸	1. 3
脾臓	2. 4
胃	1. 5
精巣	15.8
子宮	8.8

# [0067]

表4の相対発現レベルは、分析した正常組織のすべてのプールにおいてOvr 114のmRNA発現が検出されることを示す。

表4に示す組織は様々な個体からプールされたサンプルである。表5に示す組織は各個体から得たものであり、プールされたものではない。従って、表4に示されるmRNAの発現レベルについての数値は、表5に示される数値と直接は比較し得ない。

#### [0068]

表5に示される数字は、46対の対等サンプル及び27個の非対等組織サンプルにおける、膵臓 (キャリブレータ) に比較したOvr114の相対発現レベル

である。各対等の対には、同一の個体に由来する、特定組織の癌サンプルとその同一組織の正常隣接組織サンプルが含まれる。同一個体から正常隣接サンプルを得ることができない癌(例えば、卵巣)では、異なる正常個体由来のサンプルを分析した。

[0069]

【表 6】

表5:個別步	表5:個別サンプルにおけるOvr114の相対発現レベル	見アスプ			
發	サンブルID	路のタイプ	題	境界悪性	田谷田の文芸の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の
卵巢1	Ovr10370/10380	乳頭状血消腺癌、G3	17.04		3.93
卵巢2	OvrG021SPI/SN2	乳類状血溶膜癌	1.62		4.34
知识3	OvrG010SP/SN	乳頭状血液腺癌	0.50		
即果4	8 I F	*************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.84	
明集 5	OvrA084/A086	私素性陋邸、G-B、境界域		5.24	6.00
卵果6	4604A1	血清叠膜線維隨、低悪性度		m	
卵巢7	Ovr14638A1C	毛包嚢胞、悪性の可能性低い		8. 1.1	
卵盘8	Ovr 10400	乳缸状血溶膜癌,G 2	13.27		
卵果9	r 1 1	乳頭状血清腺癌	106.08		
即果10	Ovr10050	乳頭状血清子宮内膜癌			
卵集1.1		<b>別英語</b>			
卵巢12	Ovr14603A1D	職組	2		
卵巢13	Ovr9410C360	子宫内膜煤腺癌	4.74		
卵巢14	Ovr1305X	乳頭状血消腺焼	96.49		
卵巢15	Ov r 7 7 3 0	乳頭状血清腺癌	7		
卵巣16	8 6	乳頭状血清腺癌	6.40		
99. 4. 1. 7	Ovr9702C018GA	正常藝胞			12.06
99年18	206	正常、左菱錦、小甕鞄			-
<b>卵機19</b>	r 9 7 0 2 C 0	正常一多重即集囊胞			12.70
90.集20	Ovr 9702C025GA	日報-出自和CL概約			22.09
卵果21	vr9701C05	正常一多瓜卵果麵胞			12
<b>卵巢22</b>	r9701C0	正常一小毛包性養肥			1.86
卵聚23	9702C03				7.81
<b>卵集24</b>	9701C	正常			1.50
<b>卵聚25</b>	9411C05	良性大子宮内模套胞			5.22
<b>卵果26</b>	രി				3.09
<b>卵聚27</b>	Ovr14610	血消費服幹維閥、悪性でない			3.53
明集28	9701	正等			6, 32
明集29	9702	正常			0
即聚30	9701	正常一小毛包性囊胞			1.97
99集31	9411C10	正常			9.49
<b>卵巢32</b>	9701C177a	1 1			3.85
子宫内膜 1	14863A1A/A2	やや分化した子宮内膜癌/NAT	1.30		0.70
子宫内膜 2	nd9709C056A/5		1.83		11.90
十萬四縣 3	End 9704C281A/2A	子宫内以撤一入NAT	13.32		7.76

[0070]

【表7】

- W. C.	105A125A/	子宫内膜腺选/NAT	3.62	3.	3.4
T	00042001/		3.13	0. 7	9 2
Ţ	99-522A		4.45	0. 4	45
	am1620F/		0.74	1	
	m400325		3.48	2. 0	00
	- 8 - 8	ステージ1子宮内膜癌/NAT	46.96	-	9 6
	r233U96/234	从统入NAT	20.02	5. 9	
	r13590/1358	風頂/NAT	10.23	١.	7 4
	4 1 8	聚性 別	7.52	4.	8 2
	083/8	角化性扁平細胞斑	5. 47	14	2
	2	大細胞非角化癌	4.99	3. 9	6 6
	v x 1 ND 0 0 0 2	大細胞非角化链	10.14	1.4	22
	1 d 6 6 5 T /		1.43	4. 0	0 3
膀胱 2	1 d 3 2 7 K / 3 2 8 K	乳頭伏移行却胞癌/NAT	1. 1.5	6 .0	6 6
	id4003710C/		0.03	0	3.5
	242D/1		1.61	0.1	-
	50C/7	転移臂原性均開/NAT	2.44	5. 7	
	A / 8	# /NAT	-1-	5. 1	6
	Lng9502C109R/10R		1.99	Ι.	0
	iv1747/1743	野和的他人NAT	0.67	1.0	7
	OWNO.	# NAT	15.46	2.8	5
	259821248A/	税発性悪性メラノーマ	2.83	١.	
	4005287A1/B		0.91	4.0	2
	19802H008/0		0.87	9.0	
	to4004864	B E CNAT	0. 8.	1. 2	
	to598225	服的/NAT	1.22		6.
	toS99728A/C	原性質腸接質隨瀉		0.3	S
	ro1012B/1013	製御人NAT	Э.	2. 6	0 1
2	ro109		0.10	0, 3	<sub>∞</sub>
	an 7 7 6 p / 7 7	類GA/NAT	2.39	0.5	
	an824p/82	看腔性膜腫	1.66	1. 2	2
	st239X/24	国はNAT	1.24	1.7	
	1n9706c068ra/	原金/NAT	0.38	0.6	'n
	1n4004732A7/B	原施へNAT	0.44	1, 2	9
	n4004695A9/			1. 5	3
	In9612B006/005	上行性結開、盲關、腺癌	3, 38	1.	0
	C1n9704C024R/25R	MAHAT	1.66	2. 7	7

# [0071]

表4及び表5は17種のヒト組織型で合わせて全129個のサンプルを表す。 16種の異なる組織を表す表5の117サンプルのなかで、高レベルの発癌が見られるのは卵巣癌のサンプルだけである。Ovr114の発現のメジアンは、卵巣癌で14.03(範囲:0.5~106.08)であり、正常卵巣で4.34(範囲:0~22.09)である。換言すると、癌サンプルにおけるOvr114の発現レベルのメジアンは、正常卵巣サンプルのそれに比較して3.5倍増加している。12個の卵巣癌のうち5個(42%)が正常卵巣に比較して増加した 発現を示した(95%の特異性)。他の婦人科系の癌における〇vr114の発現のメジアンは4.99であり、15個のサンプルのうち2個が卵巣癌のそれに比較し得る発現レベルを示した。残りの癌サンプルにおける〇vr114の発現レベルのメジアンは1.24であり、卵巣癌サンプルで示される数値の1/11未満である。卵巣癌サンプルに匹敵する発現レベルを示した個体はない(肝臓2;LivVNM00175/175を除く)。

# [0072]

個々の卵巣癌サンプルの42%で発現が3.5倍増加していること、及び他の 非婦人系の癌で比較可能な発現がないことは、Ovrl14が卵巣癌細胞を検出 する診断マーカーになることを示している。Ovrl14マーカーは他の婦人癌 の検出にも有用であり得ると考えられる。

# [0073]

Ovrl15; クローン ID1283171; 遺伝子ID 332459 (S EQ ID NO:2又は14) の測定

表6に示す数字は、それぞれのキャリブレータに比較したOvrl15の相対発現レベルである。数字は、精巣(キャリブレータ)に比較した12種の正常組織における相対発現レベルである。これらのRNAサンプルは市販品から得て、様々な個体由来の特定組織のサンプルをプールして産生した。

# [0074]

# 【表8】

表6:プールしたサンプルにおけるOvr115の相対発現レベル

正常
8 5 8 . 1 0
12.34
3.76
0.00
0.43
0.00
8. 91
62.25
0.00
37.53
1.00
47.67

[0075]

表6の相対発現レベルは、分析した12種の正常組織のすべてにおいてOvr 115のmRNA発現が検出されることを示す。

表6に示す組織は様々な個体からプールされたサンプルである。表7に示す組織は各個体から得たものであり、プールされたものではない。従って、表6に示されるmRNAの発現レベルについての数値は、表7に示される数値と直接は比較し得ない。

[0076]

表7に示される数字は、46対の対等サンプル及び27個の非対等組織サンプルにおける、精巣(キャリブレータ)に比較したOvrl15の相対発現レベルである。各対等の対には、同一の個体に由来する、特定組織の癌サンプルとその同一組織の正常隣接組織サンプルが含まれる。同一個体から正常隣接出織サンプルを得ることができない癌(例えば、卵巣)では、異なる正常個体由来のサンプルを分析した。

[0077]

【表 9】

正常及び対等正な関係 32. 50 16.65 0.16 0.24 0.45 0.28 0.08 0.00 0 0.0 0.00 0.0000 0.00 0.00 38.8 314.13 1278.32 143.34 境界恶性 1408.79 231.25 464.75 340.04 432.07 140.37 157.41 39.95 16.45 00.0 193. 檓 格案性関係、G-B. 境界域 格素性関係、悪性の可能性低い 血消養腺線維固、低悪性度 毛包囊的、恶性の可能性低い 乳頭状血清腺素、G2 子宫内膜状腺癌 乳頭状血清腺癌 乳頭状血清腺癌 正常 良性大子宮内膜囊胞 正常 血消囊腺與維順、悪性でない 正常、左發略、小鑫的 正常一多面卵巢養的 正常一出血性CL藝的 正常一多面卵巢囊的 正常一小毛包性囊腔 乳頭状血清腺癌. 乳頭状血清腺癌 乳頭状血清腺癌 乳頭状血清膜癌 乳頭状血清子宮内 卵巢癌 職権/NAT 表7:個別サンプルにおける0~r115の相対発現レベル 正常囊胞 100 E 压料 Utr233U96/234U96 Ovr10370/10380 OvrC021SPI/SN2 OvrC010SP/SN Utr13590/13580 OvrA081F/A082D Ovr14604A1C Ovr14603A1D Ovr9702C018GA Ovr2061 Ovr9701C087RA Ovr9702C032RA Ovr9701C109RA Ovr 9702C007RA Ovr9701C087RA Ovr 9702C020GA Ovr9702C025GA Ovr9701C035GA OvrA084/A086 Ovr9411C057R Ovr9701C179a Utr850U/851U 0vr9411C109 Ovr14638A1C Ovr10400 Ovr9410C360 Ovr11570 Ovr 10050 Ovr10280 Ovr14610 Ovr1305X 0 1 1 1 3 0 那集27 卵巢28 卵巢7 野県5 卵県19 卵果26 卵巢6 卵巢22 卵巢23 卵巢20 卵巢21 卵巢24 卵果16 野巢17 卵巢18 卵巢25 明集29 卵巢30 **卵巢31** 明集3 子宮1 子宮2 子宮3 一大概 卵巢2

[0078]

【表10】

7章七	1111111110	一田学覧会 / 2.14日	0	ŀ
· ###	1 5 1 /0 / 7 5 1 1 3	の正面は NA!	288.52	5.29
十二	End 14863A1A/A2A	やや分代した子包内閣領ノ	2. 61	6.24
7 14 14 15		NA T		
十呂内膜 2	nd9709C	子宮内膜膜底/NAT	2.10	49.40
子百内膜 3	nd9704C2	子宮内膜腺筋/NAT	480.77	19.22
子宮内膜4	End9705A125A/6A	子宮内膜陽低/NAT	322.07	P
路1	0C/7	転移骨原性肉腫/NAT	38.81	3.6
25	8 9 0	超/NAT	690, 12	
233	502C109R/1		1756.90	2.86
皮膚 1	kn25982124	焼発性悪性メラノーマ	10.56	0
皮膚 2	kn4005287A1		331.30	47.23
新立職 1	ro1012B/101	腺絶/NAT	14.64	4.39
町立版 2	rol094B/10		0.09	2.54
39英 1	1 d 6 6 5 T /		404.56	90.20
物狀 2	1 d 3 2 7 K / 3 2 8 K	乳頭状移行細胞癌/NAT	77.35	177.37
	003710		0.17	12.72
<b>野賦</b> 2	$\Box$		0.00	13.74
光聚 1	0 F/		0.27	0.12
光膜 2	00325		5.71	0.00
平 三	4 3	肝植胞链/NAT	0.14	0.69
肝鼠 2	7	第/NAT	0.00	0.00
小圈!	m19802H008/0		128.44	151.38
3e	to4004864A4/	<b>原鹿/NAT</b>	303.01	116.72
H 2	toS9822539	原统/NAT	24.12	17.76
Щ3	t o S 9 9 7 2	恶性的阻抗質阻偽	0.00	9. 10
陸麗 1	an776p/77	国命 / NAT	0.00	0. 43
唇属 2	an824p/82	囊胞性腺腫	0.00	3.17
精果 1	t 2 3 9 X / 2 4 0 X	開境/NAT	24.05	1.37
		<b>設施</b> /NAT	605.60	169.77
2 12 77				
西班 2	n4004732A7/	腺瓶/NAT	367.20	281.32
超数3	4004695A9	•	316.15	295.77
和整4	9612B006/005	上行性結開、盲腦、腺癌	820.89	543.52
報数で	2 4 R	腺紙/NAT	161.18	150.07
類部 1	00083/8	角化性扁平細胞紙	738.17	1195.88
類形2	C v x 1 ND 0 0 0 2 3 D / N	大細胞非角化鑑	1473.04	1229.80
類形3	CvxIND00024D/N	<b>大細胞非角化癌</b>	2877.48	1275.02

# [0079]

表6及び表7は17種のヒト組織型で合わせて全129個のサンプルを表す。同一個体由来の卵巣癌サンプル及び正常隣接組織、又は他の個体由来の正常隣接組織におけるmRNA発現のレベルの比較を表7に示す。Ovr115は、全21の正常又は正常隣接卵巣サンプルに示される最高レベルに比較して、12個の癌組織のうち9個(75%)でより高いレベルで発現されていた。悪性度が境界域にある4個の卵巣腫瘍のうち4個すべて(100%)でOvr115の発現が

上昇していた。正常卵巣における発現のメジアンが0であるのに対し、卵巣癌(悪性度が境界上にあるものも含む)における発現のメジアンは212.30であった。それら自身の正常隣接組織サンプルと比較すると、0vrl15の発現レベルは、肺癌でも3個のうち3個(100%)、子宮癌では4個のうち3個(75%)、子宮内膜癌では4個のうち2個(50%)で上昇していた。

#### [0800]

卵巣癌及び他の選択された癌のサンプルにおいて〇vr115の発現レベルが相対的に高いことは、〇vr115が卵巣癌、肺癌、子宮癌及び子宮内膜癌を検出する診断マーカーになることを示している。

## [0081]

Ovr115の同族体も公知のデータベースに同定されている;g25976 13-gi|2507612|gb|U75329.1|HSU75329 ヒトセリンプロテアーゼのmRNA、完全CDS。この同族体は本明細書ではSEQID NO:9として示されている。SEQID NO:9又はそれによりコードされるタンパク質(SEQID NO:15)も卵巣癌、肺癌、子宮癌及び子宮内膜癌をヒト患者において検出するための診断マーカーとして有用であり得ると考えられる。

## 【配列表】

#### SEQUENCE LISTING

```
<110> Salceda, Susana
      Sun, Yongming
      Recipon, Herve
     Cafferkey, Robert
      DIADEXUS LLC
<120> A NOVEL METHOD OF DIAGNOSING, MONITORING, STAGING,
      IMAGING AND TREATING VARIOUS CANCERS
<130> DEX-0043
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Pro Ser Asn Trp Cys Asp Gly Val Ser His Cys Pro Gly Gly Glu Asp 130 135 140

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Tyr Ser Ser Gln Arg Lys Ser Trp His Pro Val Cys Gln Asp Asp Trp 165 170 175

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Leu Tyr His Ser Asp Ala Cys Ser Ser Lys Ala Val Val Ser Leu Arg 225 230 235 240

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# 【国際調査報告】

	INTERNATIONAL SEARCH REPORT		PCT/US99/1965	i i
IPC(6) US CL According t B. FIEL	SSIFICATION OF SUBJECT MATTER  : C12Q 1/58; C07K 16/8  : 4356, 7.1, 7.92; 330/387.1, 388.85  o international Patent Classification (IPC) or to both a  266 SEARCHED			
	ocumentation searched (classification system followed 435/6, 7.1, 7.92; 530/387.1, 388.85	by chasification syn	rbols)	
	ion searched other than minimum documentation to the NO's 1-5 and 9-14	extent that such door	m cots are included	in the fields searched
	sta base conseiled during the international search (name CAPLUS, GenErabl, N-Geneseq, USPATFULL	ne of data base and,	where practicable	, search terms used)
C DOC	UMENTS CONSIDERED TO BE RELEVANT			
Calegory*	Citation of document, with indication, where app.	ropriate, of the relev	en I passages	Relevant to claim No.
х	US 5,939,258 A (CROCE et al) 17 Au 1-22.	gust 1999, see	col. 3, lines	1-3
P Y				<del></del>
				4,5
х	US 5,733,748 A ( YU et al) 31 March	1998, see abs	tract.	1-3
Y				4, 5
	er documents are listed in the continuation of Box C.		t family samex.	
'A' dec	<ul> <li>eith entergories of cited documents.</li> <li>entered defining the general state of the art which is not considered to perfectler relevance</li> </ul>	date end net in	published after the ime conflict with the appl theory underlying the	restional filing date or priority iostion but nited to understand investion
		X* dominant of a	erticular mlavanor the	o claimed invention concert be red to involve an inventive step
"L' doc	uness which may throw doubts on priority claim(s) or which is d to establish the publication date of another estation or other sist reason (as specified)	Y* dommans of a	ta out is taken alone articular whenever the	rivined invention comme by
Det		combined with	and the second ships of the second se	document, such combination
Uhe	priority dato claimed		hor of the same palent	
	MBER 1999	Date of mailing of the	<i>-</i>	· .
Name and m Commission Box PCT Washington	ualing address of the ISA/US er of Potests and Trodemarks , D.C. 20231	Authorized officer LARRY HELMS	FEB 2000	ellus for
Facrimile No	1. (703) 305-3230	Colophose No. (7	73) 308-0196	//

#### INTERNATIONAL SEARCH REPORT

International application No.
PCT/US99/19655

C (Coatinus	tion). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document with indication, where appropriate, of the relevan	nt necraner	Relevant to claim !
	appropriate, or de rejeva	or besselfes	MERCARDI ED COMO N
1	PAOLONI-GIACOBNO et al. Cloning of the TMPRS. Which Encodes a Noval Serine Protease with Transmern LDLRA, and SRCR Domains and Maps to 21q22.3. Ge 1997, Vol. 44, pages 309-320, especially page 311.	ibrane.	1-9
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Form PCT/ISA/210 (continuation of second shoot)(July 1992)\*

INTERNATIONAL SEARCH REPORT	International application No. PCT/US99/19655
Box I Observations where certain claims were found unsearchable (Continustic	
This international report has not been established in respect of certain claims under Article .	17(2)(a) for the following reasons:
Claims Nos.  because they relate to subject matter not required to be searched by this As	ibority, nemely:
Claims Nos.:     bocasse they select to parts of the international application that do not comply as extent that no meaningful international search can be carried out, specific.	
3. Claims Nos.: because they are dependent claims and are not drafted in accordance with the se	coond and third sentences of Rvic 6.4(a).
Box II Observations where unity of invention is lacking (Continuation of item	of first sheet)
This International Searching Authority found multiple inventions in this international	application, as follows:
Please Sto Extra Sheet.	
·	
As all required additional search fees were timely paid by the applicant, this is obtains.	ntemational scarcò report covers ell searchable
As all searcheble claims could be searched without effort justifying an additional fee.	onal fee, this Authority did not invite payment
As only some of the required additional search fees were timely paid by the a only those claims for which feen were paid, specifically claims Non:	pplicant, this international search report covers
No required additional search face were timely paid by the applicant. Correstricted to the invention first mentioned in the claims; it is covered by cl. 1-9	
Remark on Protest	

Form PCT/ISA/210 (continuation of first shoot(1))(July 1992) \*

#### INTERNATIONAL SEARCH REPORT

International application No. PCT/US99/19655

BOX II. OBSERVATIONS WHERE UNITY OF INVENTION WAS LACKING This ISA found multiple inventions as follows:

Group I, claim(s)1-9, drawn to as in vitro method for diagnosing the presence of cancer by measuring the CSG levels in

a periont with an earthody against CSO.

Group II, claim(s) 10-11, drawn to a method of in vivo imaging a selected cancer by administering an antibody with a

paramagnetic con or radicisotope label to the patient.

Group III, claim(s) 12-13, draws to a method of in vivo treating a cancer in a patient comprising administering an antibody conjugated to a synthetic agent.

The inventions listed as Groups I, II, and III do not relate to a single inventive concept under PCT Rule 13.1 because. under PCT Rulo 13.2, they lack the same or corresponding special technical features for the following reasons: The method of Group I recites the special technical feature of an in vitro diagnostic method to measure CSG levels that are not found in Groups II and III. The method of Group II recites the special technical features of an is vivo imaging method that is not found in Groups I and III. The method of Group III recites the special technical feature of in vivo treating a cancervaing a cytotoxic agent that is not found in Groups I and II. Therefore, inventions of Groups I, II, and Ill do not relate to a single inventive concept under PCT Role 13.1.

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#### **CLAIMS**

## [Claim(s)]

[Claim 1] It is the approach of diagnosing existence of the selected cancer in a patient. The (a) patient's cell, The level of CSG in an organization or body fluid is measured.; it reaches. The level of CSG by which (b) measurement was carried out The cell of the normal Homo sapiens contrast origin, Said approach related with existence of the cancer as which change of the CSG level by which said patient to normal Homo sapiens contrast was measured coming [ comparing with the level of CSG of an organization or body fluid ] was chosen. [Claim 2] It is the approach of diagnosing transition of the selected cancer in a patient. The patient who has the selected cancer from which having carried out (a) transition is not known is identified.;

(b) measuring-cell [ of said patient origin ], organization, or CSG level in sample of body fluid; — and — Said approach related with the cancer which the increment in a patient's measurement CSG level to normal Homo sapiens contrast transferred coming [ comparing with the cell of normal Homo sapiens contrast, an organization or the CSG level of body fluid the CSG level by which (c) measurement was carried out ].

[Claim 3] In the patient who has the selected cancer, it is phase attachment \*\*\*\*\* about the selected cancer. The patient who has the cancer by which (a) selection was made is identified.;

(b) measuring-cell [ of said patient origin ], organization, or CSG level in sample of body fluid; — and — the CSG level by which (c) measurement was carried out — the cell of a normal Homo sapiens contrast sample — Said approach related with the cancer which is related with the cancer to which the increment in the CSG level by which said patient to normal Homo sapiens contrast was measured coming [ comparing with an organization or the CSG level of body fluid ] is advancing, and reduction of the measured CSG level is carrying out regression, or is in a remission condition.

[Claim 4] It is the approach of supervising the selected cancer about the onset of transition in a patient. The patient who has the selected cancer from which having carried out (a) transition is not known is identified.; (b) measuring [ periodically ]-about CSG-level of CSG in sample of cell [ of said patient origin ], organization, or body fluid; — and — (c) — said approach related with the cancer which any one increment in the CSG level measured periodically [ the patient to normal Homo-sapiens contrast ] coming [ comparing with the cell of normal Homo-sapiens contrast, an organization, or the CSG level of body fluid the CSG level measured periodically ] transferred.

[Claim 5] It is the approach of supervising change of the phase of the selected cancer in a patient. The patient who has the cancer by which (a) selection was made is identified.;

(b) measuring [periodically]—about CSG—cell [ of said patient origin], organization, or CSG level in sample of body fluid; — and — (c) — the CSG level measured periodically — the cell of normal Homo sapiens contrast — It is related with the cancer to which any one increment in the CSG level measured periodically [ the patient to normal Homo sapiens contrast] coming [ comparing with an organization or the CSG level of body fluid] is advancing in a phase. Said approach related with the cancer which reduction is carrying out regression in the phase, or is in a remission condition.

[Claim 6] CSG is SEQ. ID The approach according to claim 1, 2, 3, 4, or 5 of being the cancer of the gynecology system chosen from the group which the selected cancer becomes from a breast cancer, an ovarian cancer, endometrial cancer, and a uterine cancer including NO:1, 10, 11 and 12, or 13.

[Claim 7] CSG — SEQ ID NO: — the approach according to claim 1, 2, 3, 4, or 5 of the cancer chosen including 2, 9, or 14 being lung cancer, or being the cancer of the gynecology system chosen from the group which consists of an ovarian cancer, endometrial cancer, and a uterine cancer.

[Claim 8] CSG is SEQ. ID Approach according to claim 1, 2, 3, 4, or 5 the cancer chosen including NO:1, 2, 3, 9,

10, 11, 12 and 13, or 14 is an ovarian cancer.

[Claim 9] Said CSG is SEQ. ID Antibody containing NO:1, 2, 3, 9, 10, 11, 12 and 13, or 14 to CSG.

[Claim 10] How to image the selected cancer which comes to contain medicating a patient with an antibody according to claim 9 in a patient.

[Claim 11] The approach according to claim 10 to which the indicator of said antibody is carried out with paramagnetic ion or radioisotope.

[Claim 12] How to treat the selected cancer which comes to contain medicating a patient with an antibody according to claim 9 in a patient.

[Claim 13] The approach according to claim 12 which the antibody has combined with cytotoxic medicine.

[Translation done.]

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#### **DETAILED DESCRIPTION**

## [Detailed Description of the Invention]

[0001]

Field of invention This invention relates to the assay which has developed newly detection, a diagnosis, a monitor, and for imaging [, foreknow and ] and treating the cancer and lung cancer of a gynecology system including various cancers especially an ovarian cancer, a uterine cancer, endometrial cancer, and a breast cancer in part. [ phase ]

[0002]

Background technique The U.S. cancer institute presumes an American's this year number of the cancer death dead to be 560,000 or more. In the United States, cancer is the cause of death of the second place, and there is only much cardiopathy slightly. The number of new patient cases diagnosed as cancer only in 1999 is presumed to be 1 million or more.

[0003]

In a woman, the cancer of a gynecology system occupies 1/4 or more [ of a malignant tumor ].

In the cancer of a gynecology system, a breast cancer is the most common. According to the woman cancer network, one person has a risk concerning a breast cancer in eight of American women, and there is a risk to which one person dies of a breast cancer in 28 persons. Although about 77% of the woman diagnosed as a breast cancer is 50 or more years old, a breast cancer is the 1st place as a 40 years old – 55 year-old woman's cause of death.

[0004]

An ovarian cancer is the cancer of another very general gynecology system. One person is suffered from about 70 persons between the whole life at an ovarian cancer. The presumed death toll from the ovarian cancer of 1995 was 14,500. The death toll is higher than any cancer of a female genital system. An ovarian cancer does not cause the symptom which he notices is it in many cases. However, the unusual colporrhagia is rare although it is the escape of the abdomen by are recording of body fluid, and the failure (displeasure, gas, or flatulence) of a vague digestive system which are likely to become a warning signal by the 40 or older—year woman. Although the close examination of a periodical pelvis is important, an ovarian cancer is not detected in Pap test. The 40 or older—year woman is recommended undergoing a pelvioscopy every year.

[0005]

Moreover, endometrial cancer or the cancer of an intrauterine layer is common at a woman. According to the woman cancer center, endometrial cancer occupies about 13% of the female whole malignant tumor. In the U.S., about 34,000 examples are diagnosed as endometrial cancer every year.

[0006]

Sarcoma uteri are uterus malignant diseases another type [ rare ] quickly as compared with the cancer of other gynecology systems. In sarcoma uteri, a malignant cell begins to increase in the muscles or other support organizations of a uterus. Sarcoma uteri differ from endometrial cancer (disease which a cancer cell begins to increase by the inner layer of a uterus). This uterine cancer usually starts after a menopause. The risk to which a carrier beam woman shows the symptoms of sarcoma uteri for a therapy through a high-dose X-ray (external beam-of-light radiotherapy) in a pelvis is high. The above-mentioned X-ray may be irradiated by the woman in order to stop the bleeding from a uterus.

[0007]

With American man and woman, lung cancer is the cancer type [ many ] to the 2nd, and is the cause of death of cancer with most any sexes. Lung cancer is produced from the secondary neoplasm which spread from the

primary neoplasm which has the origin in lungs, the large intestine, or another organ like an udder. Primary lung cancers are; vesicularity lung cancer classified to three main types, non-vesicularity lung cancer, and the mesothelioma. Vesicularity lung cancer is also called "oat cell" lung cancer because this cancer cell is a characteristic oat form. There are three types of non-vesicularity lung cancers. These are served similarly, and since vesicularity lung cancer shows a different response to a therapy, it is collected together. These three types are a squamous cell carcinoma, an adenocarcinoma, and a large cell carcinoma. A squamous cell carcinoma is the most common type of lung cancer. The symptoms of this are shown from the cell used as backing of a respiratory tract. On the other hand, in an adenocarcinoma, symptoms develop from the cell (phlegm) of the particular type which produces slime. When it observes this cell under a microscope, large cell lung cancer is named such, because it looks round [ it is large and ]. Mesoepithelioma is cancer rare type suffered from the bonnet of the lungs called a pleura. Mesoepithelioma is often started by exposure to asbestos.

[0008]

The approach used for, and detection and foreknowing each of the cancer of the above-mentioned type is very important for a patient's out cam. [ diagnose, supervise and ] [ phase ] Generally with any case, the patient diagnosed at an early stage in the onset of cancer has a much high five years survival rate as compared with the survival rate of the patient diagnosed as the transferred cancer. The new diagnostics more specific than that for carrying out the early checkup of the cancer various type at high sensitivity is searched for clearly. [0009]

They are detection, a diagnosis, a monitor, phase attachment, precognition, and in vivo about the selected cancer included through detection of a cancer unique gene (Cancer Specific Genes; CSG) in this invention, without limiting an ovarian cancer, a breast cancer, endometrial cancer and/or the cancer of a gynecology system like a uterine cancer, and lung cancer. The approach for imaging and treating is offered. Nine sorts of CSG is identified and they are SEQ. ID Especially the NETIBU protein discovered by the gene which comes to contain the polynucleotide array of either NO:1, 2, 3, 4, 5, 6, 7 and 8 or 9 is meant. It is SEQ which is meant by nine sorts of CSG in other ways so that it may be used on these descriptions. ID NETIBU mRNA in which a code is carried out by the gene which comes to contain either of the polynucleotide arrays of NO:1–9 is meant, or it is SEQ. ID The gene itself which comes to contain either of the polynucleotide arrays of NO:1–9 is meant. SEQ ID The fragmentation of CGS as shown in NO:10, 11, 12 and 13, or 14 may also be detected.

Other objects, descriptions, effectiveness, and side faces of this invention will become clear [ to this contractor ] from the following explanation. However, the following explanation and a specific example show the desirable mode of this invention, and are shown only for instantiation. Probably, it will be clear to this contractor immediately to carry out various modification and amelioration in the pneuma of this invention indicated and the range, since other parts of reading the following explanation and this disclosure are read.

[0011]

Epitome of invention For the above and other objects, the level of CSG of a cell, an organization, or body fluid by analyzing about the change when comparing with the cell of the same mold, an organization, or the CSG level of body fluid preferably of normal Homo sapiens contrast It is the object of this invention to offer the approach of diagnosing existence of the selected cancer, and it is related with the cancer as which change of a patient's CSG level to normal Homo sapiens contrast was chosen here. For the object of this invention, "the selected cancer" means including an ovarian cancer, a breast cancer, endometrial cancer and/or the cancer of a gynecology system like a uterine cancer, and lung cancer.

[0012]

Being provided furthermore identifies a Homo sapiens patient with the misgiving which has the transferred selected cancer.; The cell of such the patient origin, Such a cell, an organization, or the CSG level of body fluid The sample of an organization or body fluid is analyzed about CSG.; by [ of normal Homo sapiens contrast ] comparing with the cell of the same mold, an organization, or the CSG level of body fluid preferably It is the approach of diagnosing metastatic cancer in the patient who has the selected cancer from which having transferred is not known, and is related with the cancer which the increment in a patient's CSG level to normal Homo sapiens contrast transferred here.

[0013]

Being provided by this invention again identifies the Homo sapiens patient who has the above cancers.; The cell of such the patient origin, Such a cell, an organization, or the CSG level of body fluid The sample of an organization or body fluid is analyzed about CSG.; by [ of a normal Homo sapiens contrast sample ] comparing

with the cell of the same mold, an organization, or the CSG level of body fluid preferably It is related with the cancer which is phase attachment \*\*\*\*\* in a Homo sapiens patient, and is related with the cancer to which the increment in a patient's CSG level to normal Homo sapiens contrast is advancing here, and reduction of CSG level is carrying out regression of the selected cancer, or is in a remission condition.

[0014]

Furthermore, the approach of supervising the selected cancer about the onset of transition in a patient is provided. The Homo sapiens patient who has the selected cancer from which having transferred this approach is not known is identified.; The cell of such the patient origin, The sample of an organization or body fluid is periodically analyzed about CSG.; Such a cell, It is related with the cancer to which the increment in a patient's CSG level to normal Homo sapiens contrast transferred an organization or the CSG level of body fluid here including the thing of a normal Homo sapiens contrast sample preferably compared with the cell of the same mold, an organization, or the CSG level of body fluid.

Furthermore, the approach of supervising phase change of the selected cancer is provided by observing the level of CSG in the Homo sapiens who has such cancer. That this approach identifies the Homo sapiens patient who has the selected cancer, the cell of such the patient origin, The sample of an organization or body fluid is periodically analyzed about CSG.; Such a cell, A normal Homo sapiens contrast sample preferably an organization or the CSG level of body fluid The cell of the same mold, It is related with the cancer to which the increment in a patient's CSG level to normal Homo sapiens contrast is advancing here including comparing with an organization or the CSG level of body fluid, and is related with the cancer which reduction of CSG level is carrying out regression, or is in a remission condition.

Furthermore, the fragmentation of the antibody to CSG which can be used in order to detect or diagnose the selected cancer and to detect or image localization of CSG in a patient, or such an antibody is provided. Such an antibody may be a polyclonal or a monoclonal, or can be manufactured with the technique of molecular biology. The vocabulary a "antibody" is mentioned as SELEX and is well known by this contractor so that it may be used through the text and this description. in vitro It means also including APUTAMA and a single-stranded oligonucleotide which are derived from the protocol of evolution. Although the indicator of the antibody may be carried out with various detection labels, and not limited to it, radioisotope and a paramagnetism metal are contained. Such antibody or its fragmentation can be used again also as a remedy in the treatment of the disease characterized by the manifestation of CSG. or [ induction-izing an antibody to radioisotope, an enzyme, a toxin, a drug, or cytotoxic medicine like a prodrug in therapy application ] — or it can be used, without induction-izing.

[0017]

Other objects, descriptions, effectiveness, and side faces of this invention will become clear [ to this contractor ] from the following explanation. However, the following explanation and a specific example show the desirable mode of this invention, and are shown only for instantiation. Probably, it will be clear to this contractor immediately to carry out various modification and amelioration in the pneuma of this invention indicated and the range, since other parts of reading the following explanation and this disclosure are read.

[0018]

Detailed description This invention relates to quantitive and qualitative the diagnostic assay and the approach for, and detection and foreknowing the selected cancer by comparing the level of CSG with the CSG level of normal Homo sapiens contrast. [ diagnose, supervise and ] [ phase ] The level of CSG is SEQ so that it may be used on these descriptions. ID It is the thing of the level of the NETIBU protein discovered by the gene which comes to contain one polynucleotide array of NO:1–9. The level of CSG is SEQ so that it may be used on these descriptions in other ways. ID It is the level of NETIBU mRNA in which a code is carried out by the gene which comes to contain either of the polynucleotide arrays of NO:1–9, or is SEQ. ID It is the thing of the level of the gene which comes to contain either of the polynucleotide arrays of NO:1–9. SEQ ID The fragmentation of CGS as shown in NO:10, and 11, 12, 13 and 14 may also be detected. Such level is preferably measured by at least one of a cell, an organization, and/or the body fluid, and the quantum of normal and unusual level is also contained. The diagnostic assay by this invention which diagnoses the superfluous manifestation of CSG protein in this way as compared with the body fluid of normal contrast, a cell, or the sample of an organization may be used in order to diagnose existence of the selected cancer. "The selected cancer" means an ovarian cancer, a breast cancer, endometrial cancer, the cancer of a gynecology system like a uterine cancer, or lung cancer so

that it may be used on these descriptions. [0019]

nine sorts of CSG — the approach of this invention — setting — independent — or — the — it is altogether together or may be measured in the combination of arbitration. However, with the approach about the cancer of a gynecology system including an ovarian cancer, a breast cancer, endometrial cancer, and a uterine cancer, it is SEQ. ID It is desirable to carry out the quantum of the level of CSG which comes to contain NO:1 or its fragmentation. The typical fragmentation which this CSG can detect is SEQ. ID It is shown in NO:10, and 11, 12 and 13. With the approach about the cancer of a gynecology system including lung cancer, an ovarian cancer and endometrial cancer, and a uterine cancer, it is SEQ. ID It is desirable to carry out the quantum of the level of CSG which comes to contain NO:2 or 9. SEQ ID The fragmentation of this CSG as shown in NO:14 may also be detected. With the approach about an ovarian cancer, it is SEQ. ID It is also desirable to carry out the quantum of the level of CSG which comes to contain NO:3.

[0020]

All the approaches of this invention may include not only CSG but the thing for which the level of other cancer markers is measured by request. Cancer markers other than CSG useful to this invention change with cancers examined, and are known by this contractor.

[0021]

Diagnostic assay This invention offers the approach of diagnosing existence of the cancer chosen by analyzing the level of CSG of a cell, an organization, or body fluid about the change when comparing with the level of CSG of the cell of the same mold, an organization, or body fluid preferably of the normal Homo sapiens contrast origin, and is related with existence of the cancer as which change of a patient's CSG level to normal Homo-sapiens contrast was chosen here.

[0022]

Although this invention is not limited, the result of the positivity which shows that the patient examined generally has cancer by quantitive diagnostic assay is that the cell, the organization, or body fluid level of a cancer marker like CSG is high twice [ at least ], and most preferably at least 5 times as high as the level of the same desirable cell of normal Homo sapiens contrast, an organization, or body fluid.

[0023]

This invention offers the approach of diagnosing about the onset of transition of transition of the selected cancer in the patient who has the selected cancer which has not been transferred yet again. By the approach of this invention, the Homo sapiens cancer patient by whom having the selected (having transferred not being known) cancer which may have been transferred is suspected is identified. This is attained by various means known by this contractor. For example, in the case of an ovarian cancer, generally, a patient is diagnosed as an ovarian cancer according to the monitor of surgical phase attachment and CA125 level. The conventional detecting method is also available and is learned about the cancer as which the others which can be diagnosed by the quantum of a patient's CSG level were chosen.

[0024]

It is useful to determine a cell, an organization, or existence of the CSG level of body fluid in this invention especially in order to distinguish the selected cancer which has not been transferred and the transferred selected cancer. With an existing technique, it is difficult to distinguish the transferred cancer and the cancer which has not been transferred, and selection of a suitable therapy is often influenced by such information. [0025]

the cancer marker measured with such a cell, an organization, or body fluid in this invention — CSG — it is — the Homo sapiens contrast with the normal level — it is preferably compared with the cell of the same mold, an organization, or the CSG level of body fluid. That is, if the cancer marker observed is CSG of a blood serum, this level will be preferably compared with the CSG level of a normal Homo sapiens patient's blood serum. It is related with the cancer which the increment in a patient's CSG to normal Homo sapiens contrast transferred. [0026]

or [ being examined by quantitive diagnostic assay generally, although this invention is not limited ] — or the result of the positivity which shows what a patient's cancer supervised transferred is that the cell, the organization, or body fluid level of a cancer marker like CSG is high twice [ at least ], and most preferably at least 5 times as high as the level of a normal patient's same desirable cell, an organization, or body fluid. [0027]

By the approach which the Homo sapiens patient who does not have cancer, and/or the noncancerous sample of

the patient origin are contained in normal Homo sapiens contrast used on these descriptions, and is diagnosed or supervised about; transition, the sample of the Homo sapiens patient origin judged by the approach of trusting it if it has the selected cancer which has not been transferred is also contained in normal Homo sapiens contrast. [0028]

Phase attachment (staging)

This invention offers phase attachment \*\*\*\*\* for the cancer chosen again in a Homo sapiens patient. [0029]

This approach includes identifying the Homo sapiens patient who has the selected cancer, and analyzing the sample of the cell of such the patient origin, an organization, or body fluid about CSG. Subsequently, it is related with the cancer which is related with the cancer to which the increment of a Homo sapiens patient's CSG level [ as opposed to / it is preferably compared with the cell of the same mold, an organization, or the CSG level of body fluid, and / Homo sapiens contrast normal here ] in the sample of such a cell, an organization, or the Homo sapiens contrast with the normal CSG level of body fluid is advancing, and reduction of CSG level is carrying out regression, or is in a remission condition by this approach.

[0030] Monitor (monitoring)

Furthermore, the approach of supervising the selected cancer about the onset of transition in Homo sapiens is provided. The Homo sapiens patient who has the selected cancer from which having transferred this approach is not known is identified.; The cell of such the Homo sapiens patient origin, The sample of an organization or body fluid is periodically analyzed about CSG.; Such a cell, It is related with the cancer to which the increment in a Homo sapiens patient's CSG level to normal Homo sapiens contrast transferred an organization or the CSG level of body fluid here including the thing of a normal Homo sapiens contrast sample preferably compared with the cell of the same mold, an organization, or the CSG level of body fluid.

In the Homo sapiens who has the above cancers, the approach of supervising phase change of the selected cancer is further provided by this invention. This approach identifies the Homo sapiens patient who has the selected cancer.; The cell of such the patient origin, The sample of an organization or body fluid is periodically analyzed about CSG.; Such a cell, A normal Homo sapiens contrast sample preferably an organization or the CSG level of body fluid The cell of the same mold, It is related with the cancer to which the increment in a Homo sapiens patient's CSG level to normal Homo sapiens contrast is advancing in a phase here including comparing with an organization or the CSG level of body fluid, and is related with the cancer which reduction of CSG level is backing in a phase, or is in a remission condition.

[0032]

Supervising about the onset of transition of such a patient is periodical, and it is preferably made with the quarter base. However, frequency may be fluctuated depending on the cancer of this \*\*, a specific patient, and the phase of cancer.

[0033]

Assay technique In the sample originating in a patient, the assay technique which can be used in order to carry out the quantum of the level of gene expression like CSG of this invention is well known to this contractor. In such an assay approach, they are radioimmunoassay, reverse transcriptase PCR (RT-PCR) assay, immunohistochemistry assay, and in situ. Hybridization assay, competitive joint assay, the Western blot analysis, ELISA assay, and pro TEOMIKKU approach are included. In order to diagnose the gene expression protein in a biological fluid in the above, ELISA is often desirable. [0034]

ELISA assay includes the specific antibody to CSG, and manufacturing a monoclonal antibody preferably, when it cannot receive easily from a commercial item probably. Furthermore, generally the reporter antibody specifically combined with CSG is manufactured. Radioactivity, fluorescence or the reagent in which detection like the reagent of an enzyme is possible, for example, a horseradish peroxidase enzyme, and the alkaline phosphatase are attached to this reporter antibody.

[0035]

On the solid base material which combines an antibody specific to CSG with this antibody, for example, a polystyrene dish, in order to perform ELISA, it incubates. By incubating with nonspecific protein still like bovine serum albumin, the free protein bonding site on a dish is covered. Next, if it incubates in this dish, CSG will combine the sample which should be analyzed with the specific antibody attached to the polystyrene dish

between them. An uncombined sample is washed out with the buffer solution. If the reporter antibody which it was turned to the CSG unique target and combined with horseradish peroxidase is put into a dish, this reporter antibody will combine with the monoclonal antibody combined with CSG. The reporter antibody which did not adhere is flushed. The reagent containing a colorimetry substrate for peroxidase activity is added to a dish. The resultant which colored by the fixed peroxidase connected with the CSG antibody is produced. The amount of coloring in a certain fixed time amount is proportional to the amount of the CSG protein which exists in a sample. Generally, a standard curve is made reference and a quantitive result is obtained.

[0036]

A solid base material is made to pass the specific antibody of CSG which is possible also for using competitive assay and was attached to a solid base material and CSG by which the indicator was carried out here, and the sample of the host origin, and the amount of the detection label attached to the solid base material is made to correlate with the amount of CSG in a sample.

[0037]

A nucleic-acid method can be used in order to detect as a marker of the cancer which had mRNA of CSG chosen. Other nucleic-acid methods like magnification (NASABA) of polymerase chain reaction (PCR), a ligase chain reaction (LCR), and the nucleic-acid array base can use it in order to detect a malignant tumor cell to various selected diagnoses and objects for a monitor of a malignant disease. For example, reverse transcriptase PCR (RT-PCR) is the powerful technique which can be used in order to detect existence of a specific mRNA ensemble in the complicated mixture of other mRNA kinds of thousands.; to which reverse transcription of the mRNA kind is first carried out in RT-PCR to complementary DNA (cDNA) using the reverse transcriptase of an enzyme — subsequently this cDNA is amplified in a standard PCR reaction. Thus, RT-PCR can show existence of a certain single mRNA kind by magnification. Therefore, if this mRNA is very specific into the cell which produces it, existence of the cell of a particular type can be identified using RT-PCR.

The hybridization to the clone (namely, GURIDDINGU) or oligonucleotide by which the array array was carried out on the solid base material is used, and it becomes possible to detect the gene expression concerned and to carry out the quantum of the manifestation level. In this approach, cDNA which carries out the code of the CSG gene is being fixed to the substrate. Although this substrate may be a thing suitable type, glass, a nitrocellulose, nylon, or plastics is included without limiting. Although a part of DNA [ at least ] which carries out the code of the CSG gene is attached to a substrate and subsequently being incubated with the analyte, this may be RNA isolated from the organization for an interest, or the complementary DNA (cDNA) copy of the RNA. That the hybridization of the DNA and the analyte which were combined with the substrate carries out radioactive labeling of the secondary molecule designed the analyte or for hybrid detection by various means, without [ detection and ] limiting to it although the quantum might be carried out, or carrying out fluorescent labeling are included. The quantum of gene expression level is made in the signal reinforcement of the analyte origin as compared with the reinforcement determined from the known criterion. A criterion is in vitro of a target gene. It is obtained by creating a standard curve using an imprint, the quantum of yield, and its ingredient. [0039]

In pro TEOMIKKU approach, 2-dimensional (2D) electrophoresis is the technique well known for this technical field. Isolating each protein from a sample like a blood serum is made by usually separating protein continuously with various properties on polyacrylamide gel. First, protein is separated by size using a current. Since a current acts on all protein uniformly, smaller protein moves distantly from larger protein in a gel top. At the second dimension, a vertical current is applied to the beginning and protein is separated not based on size but based on the specific charge which each protein bears. Since two protein which has a different array is not in agreement with both size and a charge, a spot with each characteristic protein is occupied on square gel as a result of 2D separation. A chemistry article or the probe of an antibody analyzes a spot, or the relative amount of a certain specific protein in a sample and proteinic identity can be clarified by micro sequencing of consecutive protein. [0040]

The above-mentioned trial can be carried out to the sample derived from an organization extract (homogenate or solubilized organization) which originates in a variety of patients' cell, body fluid and/or organization biopsy, and autopsy specimen. Blood, urine, saliva, other body secrete, or those induction objects are contained in body fluid useful to this invention. Blood may include a leucocyte, plasma, a blood serum, or the induction object of blood.

[0041]

In vivo Antibody activity Patient by whom having suffered the antibody to CSG from the selected cancer including the cancer of a gynecology system like lung cancer or an ovarian cancer, a breast cancer, endometrial cancer, or a uterine cancer is suspected in vivo \*\*\*\* -- it can be used. It may be injected especially with the antibody to CSG for the object of a diagnosis and/or a therapy to a patient with the misgiving which has the selected cancer, in vivo Using an antibody for a diagnosis is well known for this technical field. For example, the activity by radioimmunoscintigraphy imaging of the neoplasm to which the antibody-chelating agent which carried out the indicator by the indium 111 discovers a carcinoembryonic antigen is described (Sumerdon et al., Nucl.Med.Biol.1990, 17:247-254). Especially an antibody-chelating agent such has been used for detecting the neoplasm of a patient with the misgiving which has the colorectal cancer of recurrence nature (Griffin et al., J.Clin.Onc.1991, 9:631-640). The antibody with the paramagnetic ion as an indicator used for magnetic resonance imaging has also been described (Lauffer, R.B., Magnetic Resonance in Medicine, 1991, 22:339–342). The antibody turned to CSG can also be used in the same way. It may be injected with the labelled antibody to CSG to a patient with the misgiving which has the cancer which is a diagnosis or phase attachment \*\*\*\*\* and was chosen in a patient's symptoms. The indicator used is chosen according to the format of the imaging used. For example, the indium 111, technetium-99m, or radioactive labeling like idoine-131 can be used for a 2dimensional scan or a single photon emission computed tomography (SPECT). A positive electron radiolabel like a fluorine -19 can be used for positron emission tomography. A gadolinium (III) or paramagnetic ion like manganese (II) can be used for magnetic resonance imaging (MRI). It becomes possible to determine the breadth of cancer according to the normal of an indicator. It also becomes possible to judge the existence of the cancer in an organ or an organization concerned with the amount of the indicator in an organ or an in-house. [0042]

For the patient diagnosed as the selected cancer, the profit on a therapy of injecting with the antibody to CSG may be brought about. An antibody may demonstrate the curative effect independently. In other ways, since an antibody reinforces the curative effect, it is combined with a drug, a toxin, or cytotoxic medicine like a radionuclide by it (conjugate). a monoclonal antibody remedy — for example — Garnett and Baldwin, Cancer Research 1986, and 46: 2407–2412 It has been described by this technical field. A toxin is combined with a monoclonal antibody and it is also used for the therapy of various cancer types. Pastan et al., Cell 1986, 47: 641–648 It is described. About the monoclonal antibody which carried out the indicator by the yttrium 90, carrying out the delivery of the maximum dosage to a neoplasm is described, restricting the toxicity to normal tissue (Goodwin and Meares, Cancer Supplement 1997, 80:2675–2680). Although not limited, other cytotoxic radionuclide containing the copper 67, idoine–131, and a rhenium –186 can be used for the indicator of an antibody to CSG.

[0043]

Each of polyclonals and monoclonal antibodies, and antibodies manufactured by the technique of molecular biology is contained in the antibody which can be used for the approach of Above in vivo. Reference is made as an antibody fragment and SELEX, and it is well known by this contractor. in vitro APUTAMA and a single-stranded oligonucleotide which are derived from the protocol of evolution can also be used. [0044]

This invention is explained in more detail by the following examples. The following examples are offered only in order to explain this invention concretely in relation to a specific mode. Although these typical examples explain a side face with this invention, they show a restrictive thing or do not restrict the range of indicated invention. [0045]

[Example]

Example 1

diaDexus Cancer for data mining developed by LLC, Santa Clara, and CA Leads Automatic Search Package (CLASP) is used and it is Incyte. CSG was identified by analyzing systematically the data of a LIFESEQ database more nearly available than Pharmaceuticals, Palo Alto, and CA. [0046]

: to which CLASP carries out the following processes — the organ discovered by altitude based on the ABAN (it compared with all other organs) dance level of the response EST in a target organ — analyze the manifestation level in the organization library relevant to normal, neoplasm tissue, a disease organization and a neoplasm, or a disease about each of the organ specific gene discovered by the thing; altitude which chooses a specific gene. The candidate gene which shows Component EST was chiefly chosen from \*\*\*\* frequently in the neoplasm library. It becomes possible to identify the organ and cancer unique gene which are discovered by altitude by

CLASP. Subsequently, the last manual of detail assessment is carried out and CSG selection is completed. [0047]

[A table 1]

表1:CSG配列

SEQ	I D	NO:	LS	クローン	I D	遺伝子	D
1		1	6656	5 5 4 2		2346	5 1 7
2		1	283	171		3 3 2 4	159
3		1	6493	377		481	154
4		2	3604	44H1		特定せず	۴
5		特別	定せず			2556	8 7
6		特別	定せず			2513	3 1 3
7		特	定せず			1 2 0 2	2 9
8		特別	定せず			2518	3 0 4

### [0048]

The following examples were carried out using the standard technique which is well known to this contractor and serves as a conventional method, when the case where it was explained in detail was removed. The technique of the steady molecular biology in the following examples is Sambrook et al. and MOLECULAR CLONING.: A LABORATORY MANUAL, 2nd.Ed.; Cold Spring Harbor Laboratory Press, Cold Spring Harbor, and N.Y. (1989) It can carry out as given in a standard experiment manual [ like ]. [0049]

Example 2: Comparison quantum of gene expression The real-time quantum PCR using a fluorescence Taqman probe is Taq. It is a quantitive detection system using 5'-3' nuclease activity of DNA polymerase. By this approach, the internal fluorescence oligonucleotide probe (Taqman) by which the indicator was carried out with the reporter coloring matter of 5' and down-stream 3' quenching coloring matter is used. Between PCR, it is Taq. A reporter is emitted by 5'-3' nuclease activity of DNA polymerase, and, subsequently it is Model. 7700 Sequence Detection The laser detector of System (PE Applied Biosystems, a FOSUTA city, CA, United States) can detect the fluorescence.

[0050]

The amplified endogenous contrast is used, the amount of the sample RNA added to a reactant is standardized, and the effectiveness of reverse transcriptase (RT) is normalized. Either cyclo FIRIN, glyceraldehyde 3-phosphate dehydrogenase (GAPDH) or 18S ribosomal RNA (rRNA) is used as this endogenous contrast. In order to compute the relative amount between [ all / that is examined ] samples, the target RNA level of one sample was used as a reference value (calibrator) of a comparison result. The relative amount to the "calibrator" can be obtained with a comparison method (User Bulletin #2:ABI PRISM 7700 Sequence Detection System), using a standard curve.

[0051]

Organization distribution and level of a target gene were evaluated about each example of normal tissue and a cancer organization. All RNA was extracted from normal tissue, a cancer organization and cancer, and its equal (matched) corresponding adjoining organization. Subsequently, the first cDNA chain was prepared using reverse transcriptase, the specific primer and the Taqman probe were used for each target gene, and polymerase chain reaction was carried out. This result is ABI. PRISM 7700 Sequence It is analyzed using Detector. The following absolute numbers are the relative manifestation level of the target gene in a specific organization in comparison with a calibrator organization.

[0052]

Ovr110; clone ID16656542; gene ID 234617 (SEQ ID NO:1, 10, 11 and 12, or 13) measurement The absolute number shown in a table 2 is the relative manifestation level of Ovr110 (the fragmentation shown in SEQ ID NO:1 or SEQ ID NO:10, 12 [ 11 and 12 ], or 13) in 12 sorts of different normal tissues. All numeric values are compared with the normal stomach (calibrator). These RNA samples are the pools of the commercial item which pooled and produced the sample of the specific organization of various individual origins.

## [0053]

[A table 2]

表2:プールしたサンプルにおけるOvr110の相対発現レベル

組織	正常
結腸	0.00
子宮内膜	8.82
腎臓	7.19
肝臓	0.36
卵巣	1. 19
膵臓	21.41
前立腺	2.79
小腸	0.03
脾臓	0.00
000000胃	1.00
精巣	8.72
子宮	0.93

### [0054]

It is shown that the relative manifestation level of a table 2 is detected on the level which can compare Ovr110 in almost all the normal tissues that analyzed. Ovr110 of a high level The relative manifestation level of the organization which has discovered mRNA is only the pancreas, the endometrium (8.82), the testis (8.72), and the kidney (7.19) of 21.41.

## [0055]

The absolute number of a table 2 analyzes and obtains the pool of the specific organ sample of various individual origins. They must have been compared with the absolute number of the table 3 originating in RNA obtained from the organization sample of a single individual.

### [0056]

The absolute number shown in a table 3 is the relative manifestation level of Ovr110 in samples, such as 73 pairs of pairs. Any numeric value is compared with the normal stomach (calibrator). Pairs, such as a pair, are formed of mRNA of the cancer sample origin of a specific organization, and mRNA of the normal contiguity sample of the same organization originating in the same individual. Furthermore, the cancer sample (ovary and mammary gland origin) which are not 15 sorts of pairs etc., and the normal sample (ovary and mammary gland origin) which are not 14 sorts of pairs etc. were also examined.

# [0057]

[A table 3]

表3:個別サンプルにおけるOvr110の相対発現レベル

& 3: 個別サンフルに₹ サンプルID	組織		·	1 -2
Ovr103X	卵巣i	9.5.00	対等の正常隣接	正常
Ovr10400		86.22	0.53	
<del></del>	卵巣2	168.31		
Ovr1157	卵巣3	5 2 8 . 2 2	<u> </u>	
Ovr 6 3 A	卵巣 4	1.71	ļ	
Ovr7730	卵巣5	464.65		
Ovr10050	卵巣6	18.32		
Ovr1028	卵巣7	7. 78		
Ovrl118	卵巣8	0.00		
Ovr130X	卵巣 9	149.09		
Ovr638A	卵巣10	3. 14		
OvrA1B	卵巣11	21.26		
OvrAlC	卵巣12	1.83		
OvrC360	卵巣13	0.52		
Ovrl8GA	卵巣14			1.07
Ovr20GA	卵巣15		<del> </del>	1.88
Ovr25GA	卵巣16			2. 52
Ovr2061	卵巣17			2. 51
Ovr32RA	卵巣18			3. 01
Ovr35GA	卵巣19			5. 17
Ovr40G	卵巣20			0.45
Ovr50GB	卵巣21	<del></del>		2.69
OvrC087	卵巣22		-	0.47
OvrC179	卵巣23			1.46
OvrC004	卵巣24			4. 9 9
OvrC007	卵巣25			13.36
OvrC109	卵巣26			6. 61
MamS 5 1 6	乳腺1	16.39	13.74	0. 0.2
MamS 6 2 1	乳腺2	826.70	4.60	
MamS854	乳腺3	34.60	18.30	
Mam 59X	乳腺 4	721.57	27.00	
MamS079	乳腺 5	80.73	5. 10	
MamS967	乳腺 6	6746.90	72.80	
Mam S 1 2 7	乳腺7	7.00	20.00	
MamB011X	乳腺 8	1042.00	29.00	
Mam12B	乳腺 9	1 3 4 2. 0 0	2 3 . 0 0	
Mam82XI	乳腺10	507.00		
MamS123	乳腺 1 1	24.85	4.24	
Mam S 6 9 9	乳腺 1 2	84.74	5. 54	
MamS 9 9 7	乳腺13	482.71	11.84	
Mam162X	乳腺14	15.73	10.59	
MamA06X	乳腺15	1418.35	8. 20	
Mam 6 0 3 X	乳腺 1 6	294.00	0. 40	
Mam699F	乳腺17	567.40	86.60	
Mam12X	乳腺18	425.00	31.00	
MamA04	乳腺19	120.00	31. 00	2.00
Mam 4 2 DN	乳腺20	46.05	31.02	2.00
Utr23XU	子宮1	600.49	27.95	··
Utr85XU	子宮2	73.52	18.83	
Utr135X0	子宮3	178.00	274.00	<del></del>
Utr141X0	子宫4	289.00		
CVXNKS54	類部1	2. 47	2 6. 0 0 0. 6 1	• • • • • • • • • • • • • • • • • • • •
0.4	T 4H1/K	6.41	0.01	

[0058] [A table 4]

CvxKS83	頭部2	1.00	2.00	<u> </u>
CvxNKS18	頚部3	1.00	0.00	
CvxNK23	頚部4	5.84	14.47	
CvxNK24	頚部5	20.32	33.13	
End68X	子宮内膜 1	167.73	544.96	1
End8963	子宮内膜 2	340.14	20.89	i
End8XA	子宮内膜3	1.68	224.41	
End65RA	子宫内膜 4	303.00	5.00	l
End8911	子宮内膜 5	1038.00	74.00	
End3AX	子宫内膜 6	6. 5 9	1.69	<u> </u>
End 4 X A	子宮内膜 7	0.43	15.45	· - · · · · · · ·
End 5 XA	子宮内膜 8	17.81	388.02	<del> </del>
	子宮内膜 9	1251.50	31.10	<del>  -</del>
End10479		312.80		<del>-</del>
End12XA	子宮内膜 10			
Kid107XD	野戚 1	2.68	29.65	<del> </del>
Kid109XD	野賦 2	81.01	2 2 8 . 3 3	ļ
Kid10XD	野賦3	0.00	15.30	
K I d 6 X D	腎臓 4	18.32	9.06	<b>ļ</b>
KidliXD	野鼠 5	1. 38	20.75	ļ
Kid5XD	野嶽 6	30.27	0.19	
Liv15XA	肝臓 1	0.00	0.45	
Liv42X	肝臓 2	0.81	0.40	
LIV94XA	肝臓3	12.00	2.16	
LngLC71	肺 1	5.45	3. 31	
LngAC39	肺 2	1.11	0.00	
LngBR94	肺3	4.50	0.00	
LngSQ45	肺4	15.03	0.76	
LngC20X	肺 5	0.00	1.65	
LngSQ56	肺 6	91.77	8.03	
CinAS89	結腸 1	0.79	7.65	
CinC9XR	結腸 2	0.03	0.00	
ClnRC67	結脳3	0.00	0.00	
ClnSG36	結腸 4	0.81	0.35	
ClnTX89	結腸 5	0.00	0.00	
ClnSG45	結腸 6	0.00	0.06	
CInTX01	結腸 7	0.00	0.00	
Pan77X	膵臓 1	0.89	2.62	
Pan71XL	膵臓 2	3.99	0.12	
Pan82XP	膵臓 3	5 9. 9 2	28.44	
Pan 92X	膵臓 4	17.21	0.00	
StoAC93	胃1	7.54	6.43	
StoAC99	胃2	19.49	3. 19	
StoAC44	胃 3	3.62	0.37	
SmI21XA	小腸 1	0.00	0.00	
Sm I H 8 9	小腸 2	0.00	0.00	
B I d 3 2 X K	膀胱 1	0.00	0.21	
BId46XK	膀胱2	0.36	0.32	
BIdTR17	膀胱3	0.28	0.00	
T s t 3 9 X	精巣	11.24	2. 24	
Pro84XB	前立腺 1	2.60	24.30	
Pro90XB	前立腺 2	1.40	2.00	
0.00=陰性				

0.00=陰性

## [0059]

A table 2 and a table 3 are doubled with 16 sorts of different tissue forms, and express the sample of a total of 187 pieces. By analysis of samples, such as a pair, the manifestation of higher level was accepted in a mammary gland, a uterus, an endometrium, and the ovary, and the high tissue specificity to the organization of a gynecology system was shown. Only the number sample (Kid109 XD, LngSQ56, and Pan82 XP) showed Ovr110 of high manifestation level with all samples other than the analyzed above. [0060]

Furthermore, the manifestation level of mRNA was compared in the normal adjoining organization of the cancer sample of the same individual origin, and an affiliated gene. The singularity about the phase of cancer is shown by this comparison (for example, as compared with a normal adjoining organization, mRNA of higher level is

discovered with the cancer sample). It is shown that Ovr110 is carrying out the superfluous manifestation of the table 3 as compared with each normal adjoining organization by 15 of 16 mammary gland cancer organizations (the mammary gland samples MamS516, MamS621, and MamS854, MamS9X, MamS079 and MamS967, MamB011X, MamS123, MamS699 and MamS997, Mam162X, MamA06X, Mam699F, Mam12X, and Mam42DN). There was a superfluous manifestation in a cancer organization with 94% of samples, such as a pair of the examined mammary gland.

By the uterus, Ovr110 is carrying out the superfluous manifestation of the four pairs etc. by three in a sample (uterus sample Utr23XU, Utr85XU, and Utr141XO). There was a superfluous manifestation in a cancer organization with 75% of samples, such as a pair of the analyzed uterus. [0062]

By the endometrium, Ovr110 is carrying out the superfluous manifestation of the ten pairs etc. by six in a sample (endometrium samples End8963 and End65 RA, End8911, End3 AX, End10479, and End12 XA). There was a superfluous manifestation in a cancer organization with 60% of samples, such as a pair of the analyzed uterus. [0063]

In the ovary, Ovr110 shows a superfluous manifestation by one in samples, such as one pair. About the ovary sample which is not a pair etc., the manifestation value of Ovr110 higher than the median (2.52) of ovary samples, such as a non-pair with eight normal cancer samples, is shown among 12 pieces. There was a superfluous manifestation in a cancer organization with 67% of the ovary sample which is not a pair etc. [0064]

As mentioned above, it is shown in the tissue specificity level in most of samples, such as an examined pair, and a list that the superfluous manifestation of mRNA becomes a diagnostic marker for Ovr110 (for SEQ ID NO:1, 10, 11 and 12, or 13 to be included) to detect the cancer of the cancer of a gynecology system especially a mammary gland or an udder, a uterus, the ovary, and an endometrium. [0065]

Ovr114; clone ID1649377; gene ID 481154 (SEQ ID NO:3) measurement The figure shown in a table 4 is the relative manifestation level in comparison with the pancreas (calibrator) of Ovr114 in 12 sorts of normal tissues. These RNA samples were obtained from the commercial item, and pooled and produced the sample of the specific organization of various individual origins. [0066]

[A table 5]

[0061]

表4:プールしたサンプルにおけるOvr114の相対発現レベル

組織	正常
結腸	2. 3
子宮内膜	7. 6
腎臓	0.5
肝臓	0.6
卵巣	5. 2
膵臓	1. 0
前立腺	2. 1
小腸	1. 3
脾臓	2. 4
胃	1. 5
精巣	15.8
子宮	8.8

#### [0067]

The relative manifestation level of a table 4 shows that the mRNA manifestation of Ovr114 is detected in all the pools of the normal tissue which analyzed.

The organization which shows in a table 4 is the sample pooled from various individuals. The organization which shows in a table 5 got from the each object, and was not pooled. Therefore, the numeric value about the manifestation level of mRNA shown in a table 4 must have been compared a numeric value and directly it is

shown in a table 5. [0068]

The figure shown in a table 5 is the relative manifestation level of Ovr114 in comparison with the pancreas (calibrator) in organization samples, such as a sample, 27 non-pairs, etc., such as 46 pairs of pairs. The cancer sample and the normal adjoining organization sample of the same organization of the specific organization originating in the same individual are contained in pairs, such as each set. The sample of the different normal individual origin was analyzed from the cancer (for example, ovary) which cannot obtain a normal contiguity sample from the same individual.

[0069]

[A table 6]

44 th	196				
APE SAN		発のタイプ	題	- 境界商件	正なみび対称に対象が対象の対象を
卵巢 1	0/10	和頭状血清腺癌、G3	17.04		3.93
卵巢2	-	乳頭状血消腺癌	1.62		
卵巢3	SP	乳頭状血清腺癌	0.50		
即聚4	OvrA081F/A082D	粘素性胸瘍、悪性の可能性低い		0.84	0.96
卵巢5	OvrA084/A086	************************************		7	0
明集6	Ovr14604A1C	血治養腺療権國、低悪性度		5.33	
卵巢7	Ovr14638A1C	毛包養胞、悪性の可能性低い		-	
<b>路接8</b>	Ovr 10400	乳頭状血清腺癌、G 2	13.27		
900年9	Ovr11570	乳頭状血消腺癌	106.08		
<b>卵巢</b> 10	Ovr 10050	乳頭状血精子宮内膜癌	77.04		
卵巢11	1 0	卵巢斑	14.78		
卵巢12	Ovr14603A1D	製金	22.23		
野栗13	Ovr9410C360	子宫内膜核腺癌	4.74		
<b>卵栗14</b>	Ovr1305X	乳頭状血消腺癌	96.49		
99集15	Ovr7730	和頭状血消腺癌	8.40		
卵巢16	Ovr988Z	乳頭状血溶腺癌	6.40		
<b>野栗</b> 17	Ovr9702C018GA	正常教育			12.06
80年18	Ovr 2061	正常、左菱榴、小甕腔			-
98集19	Ovr9702C020GA	正常一多重即果囊胞			12.70
卵巢20	9702	正常一出血性にし嚢胞			22.09
卵巢21	Ovr9701C050GB	正常 — 多重卵巢囊胞			9.01
卵巢22	9701C08	正常一小毛包性養肥			1.86
卵巢23	6				7.81
<b>卵巢24</b>	9701C10	正常			
卵漿25	9411005	良性大子宮内膜囊胞			5.22
<b>卵果26</b>	7 0 1	正常			0
卵集2.7	4	血消養腺窮維閥、悪性でない			3.53
卵巢28	701C03	旧第			6.32
99. 第29	Ovr9702C007RA	正常			0
95年30	രി	正常一小毛包性囊胞			1.97
94集3.1	41	正常			9.49
<b>卵巢32</b>	0 2	正常一囊胞性毛包			3.85
子宫内膜 1	63A1A/A	やや分化した子宮内販佐/NAT	1.30		0.70
· 子宮内殿 2	709C056A/	子宮内膜腺癌/NAT	1.83		11.90
午宮内膜 3	End9704C281A/2A	子宫内膜腺癌/NAT	13.32		7.76

[0070] [A table 7]

子宫内膜4	End 9705A125A/6A	子宮内膜腺癌/NAT	3.62	3.34
乳腺1	a m 0 0		3. 13	0.76
乳腺2	amS9		4.45	0.45
乳腺3	Mam1620F/1621F		0.74	1. 9.1
乳腺4	Mam4003259a/g		3, 48	2.00
子宮1	Utr850U/851U	ステージ1子宮内限盤/NAT	46.96	11.96
子宫2	Utr233U96/234U96	脱絶/NAT	20.02	5.90
子宫3	Utr13590/13580	種道/NAT	10.23	7.74
子宫4	Utr14170/14180	题性函数/NAT	7.52	4.92
頚部 1	v x VNM0008	角化性谓平細胞斑	5.47	14.31
顕部2	v x I ND 0 0 0 2 3 D/	大細胞非角化癌	4.99	3.99
類部3	ONIX	大細胞非角化磁	10.14	14.22
研院 1	1 d 6 6 5 T / 6 6 4		1.43	4.03
膀胱2	1 d 3 2 7 K / 3	乳頭供移行細胞癌/NAT	1.15	66.0
野殿 1	id4003710		0.03	0.35
腎臓 2	242D/		1 9 1	0.14
埕	50C/751C	転移骨原性肉粗/NAT	2.44	5. 7.3
肺2	904/8890B	部へNAT	1. 1.1	5. 19
5000	02C109	J	1.99	0.80
二三二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二	Liv1747/1743	肝細胞癌/NAT	0.67	1.07
肝 <b>试</b> 2	1 v V N M 0 0 1 7 5 / 1 7	EE/NAT	15.46	285
<b>友國</b> 1	kn259821248A/	税発性悪性メラノーマ	2.83	0 2 0
皮膚 2	kn4005287A1/B		0.91	4.02
小圈!	Sm19802H008/009		0.87	0 8 3
35E	to4004864A4/	W.CANAT	0.81	1.22
<b>TE</b> 2	t o S 9 8	AR的人NAT	1. 2.2	1.39
eo Bat	toS99728A/C	感性胃肠甚質腫瘍	0.47	0.35
前立順 1	ro1012B/1013	服備/NAT	2.39	2.61
前立聯 2	ro1094B/1		-	0.38
西野山	an 776p/77	<b>阿娘/NAT</b>	2.39	0.52
降職 2	an 824	<b>囊胞性腺腫</b>	1.66	1. 22
<b>新聚</b> 1	s t 2 3	田本/NAT	1.24	1.72
粘腳 1	1 n 9 7 0 6 c 0	政施/NAT	0.38	0.65
結聯 2	In4004732A7/B	服金/NAT	0.44	1.26
林園3	1n4004695A9/			1.53
結盟4	ln9612B006/00	上行性結開、齊關、鼠笼	3.38	1. 10
<b>放置</b> 5	C1n9704C024R/25R	取扱/NAT	1.66	2.77

#### [0071]

A table 4 and a table 5 are doubled with 17 sorts of human tissue molds, and express the sample of a total of 129 pieces. It is only the sample of an ovarian cancer that the oncogenesis of a high level is seen in 117 samples showing 16 sorts of different organizations of a table 5. The median of a manifestation of Ovr114 is 14.03 (range: 0.5–106.08) in an ovarian cancer, and is 4.34 (range: 0–22.09) in the normal ovary. \*\* [ a paraphrase / increase / as compared with it of a normal ovary sample / the median of the manifestation level of Ovr114 in a cancer sample / 3.5 times ] The manifestation which five (42%) of 12 ovarian cancers increased as compared with the normal ovary was shown (95% of singularity). The median of the manifestation of Ovr114 in the cancer of other gynecology systems is 4.99, and showed the manifestation level which two of 15 samples may compare with it of an ovarian cancer. The median of the manifestation level of Ovr114 in the remaining cancer samples is 1.24, and is less than [ of the numeric value shown with an ovarian cancer sample ] 1/11. There is no individual which showed the manifestation level which is equal to an ovarian cancer sample (except for liver 2;LivVNM 00175/175).

#### [0072]

It is shown that that the manifestation is increasing 3.5 times with 42% of each ovarian cancer sample and that

there is no manifestation which can be compared from the cancer of other non-woman systems become the diagnostic marker with which Ovr114 detects an ovarian cancer cell. It is thought that Ovr114 marker is useful also to detection of other woman cancers, and is acquired to it.
[0073]

Ovr115; clone ID1283171; gene ID 332459 (SEQ ID NO:2 or 14) measurement The figure shown in a table 6 is the relative manifestation level of Ovr115 in comparison with each calibrator. A figure is the relative manifestation level in 12 sorts of normal tissues in comparison with a testis (calibrator). These RNA samples were obtained from the commercial item, and pooled and produced the sample of the specific organization of various individual origins.

[0074]

[A table 8]

表6:プールしたサンプルにおけるOvr115の相対発現レベル

組織	正常
結腸	8 5 8 . 1 0
子宮内膜	12.34
腎臓	3.76
肝臓	0.00
卵巣	0.43
膵臓	0.00
前立腺	8. 91
小腸	62.25
脾臓	0.00
胃	37.53
精巣	1.00
子宮	47.67

# [0075]

The relative manifestation level of a table 6 shows that the mRNA manifestation of Ovr115 is detected in 12 sorts of all normal tissues that analyzed.

The organization which shows in a table 6 is the sample pooled from various individuals. The organization which shows in a table 7 got from the each object, and was not pooled. Therefore, the numeric value about the manifestation level of mRNA shown in a table 6 must have been compared a numeric value and directly it is shown in a table 7.

# [0076]

The figure shown in a table 7 is the relative manifestation level of Ovr115 in comparison with a testis (calibrator) in organization samples, such as a sample, 27 non-pairs, etc., such as 46 pairs of pairs. The cancer sample and the normal adjoining organization sample of the same organization of the specific organization originating in the same individual are contained in pairs, such as each set. The sample of the different normal individual origin was analyzed from the cancer (for example, ovary) which cannot obtain a normal contiguity sample from the same individual.

[0077]

[A table 9]

表7:個別サン	50vr11	5の相対発現レベル			
組織	サンブルID	題のタイプ	捯	境界恶性	正常及び対等正常操接
奶菓 1	0vr10370/10380	乳頭状血清腺癌、G3	193.34		0.24
50年3	OvrG021SPI/SN2	乳頭状血骨腺癌	0.38		က
奶菓4	OVIG010SP/SN	乳虹状血消腺癌	231.25		0.45
卵巢2	OvrA084/A086	粘素性腫瘍、G-B、境界峻		143.34	16.65
998典5		粘条性腫瘍、悪性の可能性低い		314.13	0
卵巢19		血滑養腺線維固、低悪性度		299.87	
卵巢26	Ovr14638A1C	毛包嚢胞、悪性の可能性低い		1278.32	
卵巣6	Ovr10400	乳頭状血清腺癌. G2	144.25		
卵果22	Ovr9410C360	子宫内膜状腺癌	0.29		
卵巢23	-	乳頭状血滑腺癌	157.41		
卵巢27	7730	乳頭状血清腺癌	340.04		
卵巢28	288	乳頭状血清腺癌	464.75		
卵巢7	1570	乳頭状血滑腺癌	432.07		
卵巢8	Ovr10050	乳頭状血清子宮内膜癌	74.23		
6萬倍	Ovr10280	<b>卵巢癌</b>	1408.79		
<b>卵</b> 型 1 0	Ovr14603A1D	膜癌	0.00		
卵栗11	Ovr9702C018GA	正常囊胞			0. 16
卵巢12	Ovr 2061	正常、左数据、小雞胞			0.00
卵巢13	Ovr9702C020GA	正常一多瓜卵果瓣胞			0.00
- 卵巣14	Ovr9702C025GA	正常一出血性のし嚢胞			0.00
卵巢15	Ovr9701C050GB	正常一多班卵巢囊胞			0.91
卵巢16	Ovr9701C087RA	正常一小毛包性囊胞			0.00
卵巢17	Ovr9702C032RA				0.28
卵漿18	Ovr9701C109RA	正常			0.00
卵果20	9411C05	良性大子宮内膜囊胞			38.87
卵巢21	9701C179	正常			0.08
<b>卵巢24</b>	r 14610	血荷養腺線維超、悪性でない			0.00
卵巣25	Ovr9701C035GA	正常			0.00
卵果29	A	正常·			0.00
<b>卵巢30</b>	Ovr9701C087RA	正常一小毛包性囊胞			0.00
卵果31	Ovr9411C109	正常			0.00
<b>卵巢32</b>	77a	正常一囊胞性毛包			0.00
子宫 1	500/851		39,95		13.60
子宫2	33096/2	腺癌/NAT	140.37		22.67
子宫3	Utr13590/13580	関係/NAT	16.45		32.50

[0078] [A table 10]

子宫4	Utr14170/14180	恶性阻虏/NAT	288.52	5. 29
子宮内膜 1	End 1 4 8 6 3 A 1 A / A 2 A	やや分化した子宮内膜筋/	2.61	
		NAT		
子宮内膜2	nd9709C0	子宫内膜膜低/NAT	2.10	49.40
子宫内膜3	nd9704C2	子宫内膜腺癌/NAT	480.77	19.22
子宫内膜4	End9705A125A/6A	子宫内膜隙癌/NAT	322.07	١.
出	2	転移骨原性肉阻/NAT	38.81	7.36
至2	Lng8890A/8890B	猫/NAT	690.12	
至3	Lng9502C109R/10R		1756.90	2.86
皮膚 1	kn2S9821248A/	統発性悪性メラノーマ	10.56	0.00
皮膚 2	kn4005287		331.30	47.23
前立腺 1	ro101.2B/1013	腺癌/NAT	14.64	4.39
前立膜 2	ro1094B/1		0.09	١.
<b>海</b>	1 d 6 6 5 T / 6		404.56	90.20
<b>财联</b> 2	1d327K/3	乳頭状移行細胞癌/NAT	77.35	177.37
1 四位	1 d 4 0 0 3 7 1 0		0.17	12.72
腎臓 2	id1242D/1		0.00	13.74
乳腺 1	Mam1620F/1621F		0.27	0. 12
乳腺2	Mam4003259a∕g		5.71	0.00
平震 1	~	肝細胞筋/NAT	0.14	0.69
肝臓2	i v VNM001	展/NAT	0.00	0.00
小陽 1	m19802		128.44	151.38
<b>置</b> 1	to4004864A4/	腺癌/NAT	303.01	116.72
Ħ 2	의	<b>原</b> − NAT	24.12	17.76
3	StoS99728A/C	恶性 的	0.00	9. 1.0
<b>塔蘭</b> 1	Pan 7 7 6 p / 7 7 7 p	極第/NAT	0.00	0.43
降賦 2	an824p/82	表胞性腺腫	0.00	3. 17
精集 ]	st239X/24	腫瘍/NAT	24.05	1. 37
知题 1		製造へNAT	605.60	169.77
	a			
格聯2	1n4004732A7/B	腺紙/NAT	367.20	281, 32
<b>新数3</b>	1n4004695A9/A		316.15	295.77
お歌4	1n9612B006/005	上行性結開、盲腸、腺癌	820.89	543.52
格爾5	1 n 9 7 0 4 C 0 2	<b>原施/NAT</b>	161.18	150.07
5988 1	v×VNM00083/83	角化性扁平細胞癌	738.17	1195.88
類形2	v×1ND00023D/N	大細胞非角化癌	1473.04	1229.80
類部3	Cvx1ND00024D/N	大細胞非角化底	2877.48	1275.02

#### [0079]

A table 6 and a table 7 are doubled with 17 sorts of human tissue molds, and express the sample of a total of 129 pieces. The comparison of the level of the mRNA manifestation in the ovarian cancer sample of the same individual origin and a normal adjoining organization, or the normal adjoining organization of other individual origins is shown in a table 7. Ovr115 was discovered on higher level nine (75%) of 12 cancer organizations as compared with the record level shown in a total of 21 normal or a normal contiguity ovary sample. The manifestation of Ovr115 was going up by all (100%) four of four ovarian cysts which have malignancy in a boundary region. The median of a manifestation [ in / to the median of the manifestation in the normal ovary being 0 / an ovarian cancer (malignancy also contains the thing on a boundary) ] was 212.30. As compared with the normal adjoining organization sample of these selves, also according to lung cancer, the manifestation level of Ovr115 rose by three pieces (75%) according to three pieces (100%) and a uterine cancer, and was rising by endometrial cancer two [ of three pieces ] (50%) of the four pieces of the four pieces.

It is shown that that the manifestation level of Ovr115 is relatively high in the sample of the cancer as which an ovarian cancer and others were chosen becomes the diagnostic marker with which Ovr115 detects an ovarian cancer, lung cancer, a uterine cancer, and endometrial cancer.

[0081]

:g2597613-gi|2507612|gb|U75329.1|HSU75329 which the homolog of Ovr115 is also identified by the well-known database mRNA of a Homo sapiens serine protease, perfect CDS. This homolog is SEQ with this description. ID It is shown as NO:9. SEQ ID It is thought that NO:9 or the protein (SEQ ID NO:15) by which a code is carried out by that cause is also useful as a diagnostic marker for detecting an ovarian cancer, lung cancer, a uterine cancer, and endometrial cancer in a Homo sapiens patient, and it obtains.

[Layout Table]

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Val Pro Thr Val Tyr Glu Val His Pro Ala Gln Tyr Tyr Pro Ser Pro
                              40
Val Pro Gln Tyr Ala Pro Arg Val Leu Thr Gln Ala Ser Asn Pro Val
     50
                          55
                                              60
Val Cys Thr Gln Pro Lys Ser Pro Ser Gly Thr Val Cys Thr Ser Lys
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65					70					75					80
Thr	Lys	Lys	Ala	Leu 95	Cys	Ile	Thr	Leu	Thr 90	Leu	Gly	Thr	Phe	Leu 95	Val
Gly	Ala	Ala	Leu 100	Ala	Ala	Gly	Leu	Leu 105	Trp	Lys	Phe	Met	Gly 110	Ser	Lys
Cys	Ser	Asn 115	Ser	Gly	Ile	Glu	Cys 120	Asp	Ser	Ser	Gly	Thr 125	Суs	Ile	Asn
Pro	Ser 130	Asn	Trp	Cys	Asp	Gly 135	Val	Ser	His	Cys	Pro 140	Gly	Gly	Glu	Asp
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			180					185		Asp			190		
		195					200			Asp		205			
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225					230					235					Arg 240
				245					250					255	Ile
			260					265					270		Ser
		275					280					285			) Pro
	290					295					300				Asn
305			•		310					315					Met 320
Phe	Tyr	Gly	Ala	Gly	Tyr	Gln	Val	Gln	Lys	Val	Ile	Ser	His	Pro	Asn

•	325	330	335
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Lys Pro Leu Thr	Phe Asn Asp Leu	Val Lys Pro Val Cys	Leu Pro Asn
355	360	365	
Pro Gly Met Met	Leu Gln Pro Glu	Gln Leu Cys Trp Ile	Ser Gly Trp
370	375	380	
Gly Ala Thr Glu	Glu Lys Gly Lys	Thr Ser Glu Val Leu	Asn Ala Ala
385		395	400
Lys Val Leu Leu	Ile Glu Thr Gln	Arg Cys Asn Ser Arg	Tyr Val Tyr
	405	410	415
Asp Asn Leu Ile		Ile Cys Ala Gly Phe	Leu Gln Gly
420		425	430
Asn Val Asp Ser 435	Cys Gln Gly Asp 440	Ser Gly Gly Pro Leu	Val Thr Ser
Asn Asn Asn Ile	Trp Trp Leu Ile	Gly Asp Thr Ser Trp	Gly Ser Gly
450	455	460	
Cys Ala Lys Ala	Tyr Arg Pro Gly	Val Tyr Gly Asn Val	Met Val Phe
465	470	475	480
Thr Asp Trp Ile	Tyr Arg Gln Met 485	Lys Ala Asn Gly 490	

[Translation done.]

#### \* NOTICES \*

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- 1. This document has been translated by computer. So the translation may not reflect the original precisely.
- 2.\*\*\*\* shows the word which can not be translated.
- 3.In the drawings, any words are not translated.

#### **EXAMPLE**

# [Example]

## Example 1

diaDexus Cancer for data mining developed by LLC, Santa Clara, and CA Leads Automatic Search Package (CLASP) is used and it is Incyte. CSG was identified by analyzing systematically the data of a LIFESEQ database more nearly available than Pharmaceuticals, Palo Alto, and CA. [0046]

: to which CLASP carries out the following processes — the organ discovered by altitude based on the ABAN (it compared with all other organs) dance level of the response EST in a target organ — analyze the manifestation level in the organization library relevant to normal, neoplasm tissue, a disease organization and a neoplasm, or a disease about each of the organ specific gene discovered by the thing; altitude which chooses a specific gene. The candidate gene which shows Component EST was chiefly chosen from \*\*\*\* frequently in the neoplasm library. It becomes possible to identify the organ and cancer unique gene which are discovered by altitude by CLASP. Subsequently, the last manual of detail assessment is carried out and CSG selection is completed. [0047]

## [A table 1]

### 表1:CSG配列

SEQ	I D	NO: LS	クローン	I D	遺伝子	I D
1		16656	5 5 4 2		2 3 4	6 1 7
2		1 2 8 3	171		3 3 2	4 5 9
3		16493	377		481	154
4		23604	44H1		特定せ	ず
5		特定せず			2 5 5	6 8 7
6		特定せず			2 5 1	3 1 3
7		特定せず			1 2 0	29
8		特定せず			2 5 1	804

## [0048]

The following examples were carried out using the standard technique which is well known to this contractor and serves as a conventional method, when the case where it was explained in detail was removed. The technique of the steady molecular biology in the following examples is Sambrook et al. and MOLECULAR CLONING.: A LABORATORY MANUAL, 2nd.Ed.; Cold Spring Harbor Laboratory Press, Cold Spring Harbor, and N.Y. (1989) It can carry out as given in a standard experiment manual [ like ]. [0049]

Example 2: Comparison quantum of gene expression The real-time quantum PCR using a fluorescence Taqman probe is Taq. It is a quantitive detection system using 5'-3' nuclease activity of DNA polymerase. By this approach, the internal fluorescence oligonucleotide probe (Taqman) by which the indicator was carried out with the reporter coloring matter of 5' and down-stream 3' quenching coloring matter is used. Between PCR, it is Taq. A reporter is emitted by 5'-3' nuclease activity of DNA polymerase, and, subsequently it is Model. 7700

Sequence Detection The laser detector of System (PE Applied Biosystems, a FOSUTA city, CA, United States) can detect the fluorescence.

[0050]

The amplified endogenous contrast is used, the amount of the sample RNA added to a reactant is standardized, and the effectiveness of reverse transcriptase (RT) is normalized. Either cyclo FIRIN, glyceraldehyde 3—phosphate dehydrogenase (GAPDH) or 18S ribosomal RNA (rRNA) is used as this endogenous contrast. In order to compute the relative amount between [ all / that is examined ] samples, the target RNA level of one sample was used as a reference value (calibrator) of a comparison result. The relative amount to the "calibrator" can be obtained with a comparison method (User Bulletin #2:ABI PRISM 7700 Sequence Detection System), using a standard curve.

[0051]

Organization distribution and level of a target gene were evaluated about each example of normal tissue and a cancer organization. All RNA was extracted from normal tissue, a cancer organization and cancer, and its equal (matched) corresponding adjoining organization. Subsequently, the first cDNA chain was prepared using reverse transcriptase, the specific primer and the Taqman probe were used for each target gene, and polymerase chain reaction was carried out. This result is ABI. PRISM 7700 Sequence It is analyzed using Detector. The following absolute numbers are the relative manifestation level of the target gene in a specific organization in comparison with a calibrator organization.

[0052]

Ovr110; clone ID16656542; gene ID 234617 (SEQ ID NO:1, 10, 11 and 12, or 13) measurement The absolute number shown in a table 2 is the relative manifestation level of Ovr110 (the fragmentation shown in SEQ ID NO:1 or SEQ ID NO:10, 12 [ 11 and 12 ], or 13) in 12 sorts of different normal tissues. All numeric values are compared with the normal stomach (calibrator). These RNA samples are the pools of the commercial item which pooled and produced the sample of the specific organization of various individual origins. [0053]

[A table 2]

表2:プールしたサンプルにおけるOvr110の相対発現レベル

組織	正常
結腸	0.00
子宮内膜	8.82
腎臓	7. 19
肝臓	0.36
卵巣	1. 19
膵臓	21.41
前立腺	2. 79
小腸	0.03
脾臓	0.00
000000胃	1.00
精巣	8.72
子宮	0.93

[0054]

It is shown that the relative manifestation level of a table 2 is detected on the level which can compare Ovr110 in almost all the normal tissues that analyzed. Ovr110 of a high level The relative manifestation level of the organization which has discovered mRNA is only the pancreas, the endometrium (8.82), the testis (8.72), and the kidney (7.19) of 21.41.

[0055]

The absolute number of a table 2 analyzes and obtains the pool of the specific organ sample of various individual origins. They must have been compared with the absolute number of the table 3 originating in RNA obtained from the organization sample of a single individual.

[0056]

The absolute number shown in a table 3 is the relative manifestation level of Ovr110 in samples, such as 73 pairs

of pairs. Any numeric value is compared with the normal stomach (calibrator). Pairs, such as a pair, are formed of mRNA of the cancer sample origin of a specific organization, and mRNA of the normal contiguity sample of the same organization originating in the same individual. Furthermore, the cancer sample (ovary and mammary gland origin) which are not 15 sorts of pairs etc., and the normal sample (ovary and mammary gland origin) which are not 14 sorts of pairs etc. were also examined.

[0057]

[A table 3]

表3:個別サンプルにおける〇vr110の相対発現レベル

サンプルID	組織	題	対等の正常隣接	正常
Ovr103X	卵巣1	86.22	0. 53	<u> </u>
Ovr10400	卵巣2	168.31	- 0. 00	
Ovr1157	卵巣3	5 2 8. 2 2	<del> </del>	<del></del>
Ovr63A	卵巣4	1.71		<del>                                      </del>
Ovr7730	卵巣5	464.65	<del> </del>	
Ovr10050	卵巣6	18.32		<del></del>
Ovr 1028	卵巣 7	7. 78		
Ovr1118	卵巣8	0.00		
Ovr 130X	卵巣 9	149.09		
Ovr638A	卵巣10	3. 14		
OvrAlB	卵巣11	21.26	<del></del>	
OVIAIC	卵巣12	1.83		
OvrC360	卵巣13	0.52		
Ovr 18GA	卵巣14	0. 32		1.07
Ovr 20GA	卵巣15	-	<del></del>	
OVI 25GA	卵巣16	<del></del>	<del> </del>	2.52
Ov r 2 0 6 I	卵巣17	<del></del>		
Ov r 3 2 R A	卵巣18	<del></del>		2. 5 1 3. 0 1
Ovr35GA	卵巣19			
Ovr40G	卵巣20		<del></del>	5. 17 0. 45
Ovr 5 0 G B	卵巣21			2. 69
Ovr C 0 8 7	卵巣22			0.47
OvrC179	卵巣23			1. 4.6
OvrC004	卵巣24			4.99
OvrC007	卵巣25			13.36
OvrC109	卵巣26			
MamS 5 1 6	乳腺1	16.39	12 74	6. 61
MamS621	乳腺2	826.70	13.74	<del></del>
Mam S 8 5 4	乳腺3	34.60	18.30	·
Mam 5 9 X	乳腺 4	721.57	27.00	
Mam S 0 7 9	乳腺 5	80.73	5. 10	
Mam S 9 6 7	乳腺6	6746.90	72.80	
MamS127	乳腺7	7. 00	20.00	
MamB011X	乳腺 8	1042.00	29.00	
Mam 12B	乳腺 9	1342.00	29.00	
Mam 8 2 X I	乳腺10	507.00		
MamS123	乳腺11	24.85	4.24	
Mam S 6 9 9	乳腺 1 2	84.74	5. 54	
Mam S 9 9 7	乳腺13	482.71	11.84	
Mam 1 6 2 X	乳腺14	15.73	10.59	
MamAO6X	乳腺 1 5	1418.35	8.20	
Mam 6 0 3 X	乳腺 1 6	294.00	5. Z V	
Mam699F	乳腺17	567.40	86.60	
Mam12X	乳腺18	4 2 5 . 0 0	31.00	
MamA04	乳腺19	720.00	3 1. 00	2.00
Mam42DN	乳腺20	46.05	31.02	2. 00
Utr23XU	子宮1	600.49	27.95	
Utr85XU	子宮 2	7 3. 5 2	18.83	
Utr135X0	子宮3	178.00	274.00	
Utr141X0	子宮4	289.00	26.00	
CvxNKS54	類部 1	2.47	0.61	
	AFT HIP E	5. 71	0. 01	

[0058] [A table 4]

CvxKS83	題部2	1.00	2.00	
CvxNKS18	類部3	1.00	0.00	
CvxNK23	類部 4	5.84	14.47	
CvxNK24	頚部5	20.32	33.13	
End68X	子宮内膜 1	167.73	544.96	
End8963	子宮内膜 2	340.14	20.89	
End8XA	子宮内膜 3	1.68	224.41	<u> </u>
End65RA	子宮内膜 4	303.00	5.00	-
End8911	子宮内膜 5	1038.00	74.00	
End3AX	子宫内膜 6	6.59	1.69	-
End4XA	子宮内膜 7	0.43	15.45	
End 5 X A	子宮内膜 8	17.81	388.02	· · · · · · · · · · · · · · · · · · ·
End10479	子宮内膜 9	1251.60	31.10	
End12XA	子宮内膜10	312.80	33.80	
Kid107XD	腎臓 1	2.68	29.65	<del>                                     </del>
Kid109XD	肾賦 2	81.01	228.33	<del>                                     </del>
KidlOXD	WEEK 3	0.00	15.30	
K I d 6 X D	腎臓 4	18.32	9.06	
KIdliXD	背頭 5	1.38	20.75	
Kid5XD	野麻 6	30.27	0.19	
Liv15XA	肝臓 1	0.00	0.45	
Liv42X	肝臓 2	0.81	0.40	I
LIV94XA	肝臓3	12.00	2.16	
LngLC71	静 1	5. 45	3. 31	<u> </u>
LngAC39	肺 2	1. 11	0.00	
LngBR94	肺3	4.50	0.00	
LngSQ45	肺 4	15.03	0.76	
LngC20X	肺5	0.00	1.65	
LngSQ56	肺6	91.77	8.03	
ClnAS89	結腸 1	0.79	7.65	
CinC9XR	結腸 2	0.03	0.00	ĺ
ClnRC67	結腸3	0.00	0.00	
ClnSG36	結腸 4	0.81	0.35	
CInTX89	結腸 5	0.00	0.00	
ClnSG45	結腸 6	0.00	0.06	
CinTX01	結腸 7	0.00	0:00	
Pan 77X	膵臓 1	0.89	2.62	
Pan 7 l X L	膵臓 2	3.99	0.12	
Pan82XP	膵臓 3	5 9°. 9 2	28.44	
Pan 9 2 X	膵臓4	17.21	0.00	
StoAC93	胃 1	7.54	6.43	
StoAC99	胃2	19.49	3. 19	
StoAC44	胃3	3.62	0.37	
SmI21XA	小腸 1	0.00	0.00	
SmIH89	小腸 2	0.00	0.00	
B I d 3 2 X K	膀胱 1	0.00	0.21	
Bld46XK	膀胱2	0.36	0.32	
BldTR17	膀胱3	0.28	0.00	
Tst39X	精巣	11.24	2. 24	
Pro84XB	前立腺 1	2.60	24.30	
Pro90XB	前立腺 2	1.40	2.00	
). 00=陰性				

0.00=陰性

### [0059]

A table 2 and a table 3 are doubled with 16 sorts of different tissue forms, and express the sample of a total of 187 pieces. By analysis of samples, such as a pair, the manifestation of higher level was accepted in a mammary gland, a uterus, an endometrium, and the ovary, and the high tissue specificity to the organization of a gynecology system was shown. Only the number sample (Kid109 XD, LngSQ56, and Pan82 XP) showed Ovr110 of high manifestation level with all samples other than the analyzed above. [0060]

Furthermore, the manifestation level of mRNA was compared in the normal adjoining organization of the cancer sample of the same individual origin, and an affiliated gene. The singularity about the phase of cancer is shown by this comparison (for example, as compared with a normal adjoining organization, mRNA of higher level is

discovered with the cancer sample). It is shown that Ovr110 is carrying out the superfluous manifestation of the table 3 as compared with each normal adjoining organization by 15 of 16 mammary gland cancer organizations (the mammary gland samples MamS516, MamS621, and MamS854, MamS9X, MamS079 and MamS967, MamB011X, MamS123, MamS699 and MamS997, Mam162X, MamA06X, Mam699F, Mam12X, and Mam42DN). There was a superfluous manifestation in a cancer organization with 94% of samples, such as a pair of the examined mammary gland.

[0061]

By the uterus, Ovr110 is carrying out the superfluous manifestation of the four pairs etc. by three in a sample (uterus sample Utr23XU, Utr85XU, and Utr141XO). There was a superfluous manifestation in a cancer organization with 75% of samples, such as a pair of the analyzed uterus. [0062]

By the endometrium, Ovr110 is carrying out the superfluous manifestation of the ten pairs etc. by six in a sample (endometrium samples End8963 and End65 RA, End8911, End3 AX, End10479, and End12 XA). There was a superfluous manifestation in a cancer organization with 60% of samples, such as a pair of the analyzed uterus. [0063]

In the ovary, Ovr110 shows a superfluous manifestation by one in samples, such as one pair. About the ovary sample which is not a pair etc., the manifestation value of Ovr110 higher than the median (2.52) of ovary samples, such as a non-pair with eight normal cancer samples, is shown among 12 pieces. There was a superfluous manifestation in a cancer organization with 67% of the ovary sample which is not a pair etc. [0064]

As mentioned above, it is shown in the tissue specificity level in most of samples, such as an examined pair, and a list that the superfluous manifestation of mRNA becomes a diagnostic marker for Ovr110 (for SEQ ID NO:1, 10, 11 and 12, or 13 to be included) to detect the cancer of the cancer of a gynecology system especially a mammary gland or an udder, a uterus, the ovary, and an endometrium.

[0065]

Ovr114; clone ID1649377; gene ID 481154 (SEQ ID NO:3) measurement The figure shown in a table 4 is the relative manifestation level in comparison with the pancreas (calibrator) of Ovr114 in 12 sorts of normal tissues. These RNA samples were obtained from the commercial item, and pooled and produced the sample of the specific organization of various individual origins. [0066]

[A table 5]

表4:プールしたサンプルにおけるOvrll4の相対発現レベル

組織	正常
結腸	2. 3
子宮内膜	7.6
腎臓	0.5
肝臓	0.6
卵巣	5. 2
膵臓	1. 0
前立腺	2. 1
小腸	1. 3
脾臓	2. 4
胃	1. 5
精巣	15.8
子宮	8.8

#### [0067]

The relative manifestation level of a table 4 shows that the mRNA manifestation of Ovr114 is detected in all the pools of the normal tissue which analyzed.

The organization which shows in a table 4 is the sample pooled from various individuals. The organization which shows in a table 5 got from the each object, and was not pooled. Therefore, the numeric value about the manifestation level of mRNA shown in a table 4 must have been compared a numeric value and directly it is

shown in a table 5. [0068]

The figure shown in a table 5 is the relative manifestation level of Ovr114 in comparison with the pancreas (calibrator) in organization samples, such as a sample, 27 non-pairs, etc., such as 46 pairs of pairs. The cancer sample and the normal adjoining organization sample of the same organization of the specific organization originating in the same individual are contained in pairs, such as each set. The sample of the different normal individual origin was analyzed from the cancer (for example, ovary) which cannot obtain a normal contiguity sample from the same individual.

[0069]

[A table 6]

	AV ANGRESH THE CONTROL OF THE CONTRO	V. 7.2			
<b>愛</b>	サンブル1ロ	窓のタイプ	兡	境界悪性	正常及び対導工権関係
卵巢 1	0370/10	乳頭状血溶膜癌、G3	17.04		3.93
卵巢2	OvrG021SP1/SN2	乳頭状血消腺癌	1.62		E
卵巣3	OvrG010SP/SN	乳頭状血溶膜器	0.50		1. 12
卵果4	OvrA081F/A082D	*************************************		0.84	0.96
卵巢5	OvrA084/A086	枯素性脂瘍, G-B、境界域		5.24	6.00
卵果6	Ovr14604A1C	血消動酸棕維閩、低惡性度		5, 33	
卵巢7	Ovr14638A1C	毛包嚢胞、悪性の可能性低い		8. 1.1	
卵果8	Ovr10400	乳頭状血清腺癌、G2	13.27		
6萬酯	Ovr11570	乳頭状血清腺癌	106.08		
卵巢10	Ovr10050	乳頭状血清子宮内膜癌	77.04		
卵巢11	Ovr 1 0 2 8 O	別英盛	14.78		
卵巢12	Ovr14603A1D	聯通	22.23		
卵巢13	Ovr9410C360	子宫内膜核腺癌	4.74		
卵巢14	Ovr1305X	乳頭状血消腺癌	96.49		
卵巢15	Ovr7730	和與坎血消腺癌	8.40		
卵果16	Z 8 8 6 1 A O	乳頭状血溶腺癌	6.40		
<b>卵集17</b>	Ovr9702C018GA	正常發胞			12.06
卵巢18	Ovr2061	正常、左菱棉、小嚢胞			10.11
97年19	702C	正常一多重卵巢囊胞			12, 70
卵巢20	Ovr9702C025GA	正路-出血性CL囊腔			22.09
卵果21	701C05	正常一多重卵巢囊胞			9.01
卵巢22	Ovr9701C087RA	正常一小毛包性囊胞			1.86
卵果23	702				7.81
卵巣24	Ovr9701C109RA	正常			1.50
卵巢25	9 4	良性大子宮内膜囊胞			5.22
<b>卵集26</b>	Ovr9701C179a	正常			3.09
卵巢27	r 14610	血消耗限等機関、悪性でない			3.53
卵巢28	r9701C03	正常			6.32
<b>卵製29</b>	9702C00	第三二			0
卵巢30	9701C08	正常一小毛包性囊胞			1.97
四集3.1	9411	正常			9.49
<b>卵巢32</b>	r 9 7 0 1	正常一囊胞性毛包			3,85
子宫内膜 1	d14863A1A/A	やや分化した子宮内販売/NAT	1.30		0.70
子宫内膜 2	End9709C056A/55A	子宮内膜腺癌/NAT	1.83		11.90
子宫内膜3	End9704C281A/2A	子宫内膜腺癌/NAT	13.32		7.76

[0070] [A table 7]

子宮内膜4	End 9705A125A/6A	子宫内膜腺链/NAT	3. 62	3.34
光聚 1	n00042D		3. 13	0.76
乳膜2	-66S		4.45	0.45
乳腺3	ат1620 F.		0, 74	1.91
乳酸4	0032		3. 48	2.00
十四.	50U/851U	ステージ1子宮内限班/NAT	46.96	11.96
子宫2	r233U96/234	<b>\</b>	20.02	5.90
子宫3	r13590/1358	展演/NAT	10.23	7.74
子宫4	tr14170/1418	恐性開始/NAT	7.52	4.92
類郎 1	v×VNM0008	角化性扁平細胞斑	5.47	14.31
預部2	v x I ND 0 0 0 2 3 D/	大細胞非角化癌	4.99	3.99
預郎3	vx IND00024	大細胞非角化語	10.14	14.22
膀胱 1	1 d 6 6 5 T / 6 6		1.43	4.03
膀胱 2	1 d 3 2 7 K / 3 2 8 K	乳頭供移行期胞癌/NAT	1.15	0.99
1000	d4003710C/		0.03	m
路職 2	Kid1242D/1243D		1.61	0.14
12	50C/751	転移骨原性肉腫/NAT	2. 44	5. 73
肺2	90A/8	AMINAT	1: 11	5. 19
4市3	502C109		1.99	0.80
开展。	v1747/1743	肝・ 田・ 田・ 田・ 田・ 田・ 田・ 田・ 田・ 田・ 田	0.67	1.07
肝臓2	1 v V N M 0 0 L 7 5 / 1 7	X6/NAT	15.46	2.85
<b>灰</b> 碑 1	kn2S9821248A/	税発性悪性メラノーマ	2, 83	0 2 0
友庸 2	kn4005287A1/B		0.91	4.02
一會	008/		0.87	0.82
1 12	to4004864A4/	原癌/NAT	0.81	1.22
<b>F</b> 2	t o S 9 8 2	原語/NAT	1. 2.2	1.39
<b>ع</b> تا	toS99728A/C	感性胃臟甚質隨瘍	0.47	0.35
前立膜 1	ro1012B/1013	BAM / NAT	2.39	2.61
的立服 2	ro1094B/1		0.10	0.38
既[]	an 776p/77	類線/NAT	2.39	0.52
<b>库0</b> 2	an824p/82	委陀性脱腫	1.66	1.22
精典 1	st239X/24	関係/NAT	1.24	1.72
結聯 1	1 n 9 7 0 6 c 0	政権へNAT	0.38	0.65
結開 2	In4004732A7/B	版铯/NAT	0.44	1.26
<b>路</b> 33	In4004695A9/		6	1.53
格陽4	In9612B006/005	上行性結構、盲腦、腺焼	3.38	1. 10
<b>放</b>	C1n9704C024R/25R	服題/NAT	1.66	2.77

### [0071]

A table 4 and a table 5 are doubled with 17 sorts of human tissue molds, and express the sample of a total of 129 pieces. It is only the sample of an ovarian cancer that the oncogenesis of a high level is seen in 117 samples showing 16 sorts of different organizations of a table 5. The median of a manifestation of Ovr114 is 14.03 (range: 0.5–106.08) in an ovarian cancer, and is 4.34 (range: 0–22.09) in the normal ovary. \*\* [ a paraphrase / increase / as compared with it of a normal ovary sample / the median of the manifestation level of Ovr114 in a cancer sample / 3.5 times ] The manifestation which five (42%) of 12 ovarian cancers increased as compared with the normal ovary was shown (95% of singularity). The median of the manifestation of Ovr114 in the cancer of other gynecology systems is 4.99, and showed the manifestation level which two of 15 samples may compare with it of an ovarian cancer. The median of the manifestation level of Ovr114 in the remaining cancer samples is 1.24, and is less than [ of the numeric value shown with an ovarian cancer sample ] 1/11. There is no individual which showed the manifestation level which is equal to an ovarian cancer sample (except for liver 2;LivVNM 00175/175).

[0072]

It is shown that that the manifestation is increasing 3.5 times with 42% of each ovarian cancer sample and that

there is no manifestation which can be compared from the cancer of other non-woman systems become the diagnostic marker with which Ovr114 detects an ovarian cancer cell. It is thought that Ovr114 marker is useful also to detection of other woman cancers, and is acquired to it. [0073]

Ovr115; clone ID1283171; gene ID 332459 (SEQ ID NO:2 or 14) measurement The figure shown in a table 6 is the relative manifestation level of Ovr115 in comparison with each calibrator. A figure is the relative manifestation level in 12 sorts of normal tissues in comparison with a testis (calibrator). These RNA samples were obtained from the commercial item, and pooled and produced the sample of the specific organization of various individual origins.

[0074]

[A table 8]

表6:プールしたサンプルにおけるOvr115の相対発現レベル

組織	正常
結腸	8 5 8 . 1 0
子宮内膜	12.34
腎臓	3.76
肝臓	0.00
卵巣	0.43
膵臓	0.00
前立腺	8. 91
小腸	62.25
脾臓	0.00
胃	37.53
精巣	1.00
子宮	47.67

# [0075]

The relative manifestation level of a table 6 shows that the mRNA manifestation of Ovr115 is detected in 12 sorts of all normal tissues that analyzed.

The organization which shows in a table 6 is the sample pooled from various individuals. The organization which shows in a table 7 got from the each object, and was not pooled. Therefore, the numeric value about the manifestation level of mRNA shown in a table 6 must have been compared a numeric value and directly it is shown in a table 7.

# [0076]

The figure shown in a table 7 is the relative manifestation level of Ovr115 in comparison with a testis (calibrator) in organization samples, such as a sample, 27 non-pairs, etc., such as 46 pairs of pairs. The cancer sample and the normal adjoining organization sample of the same organization of the specific organization originating in the same individual are contained in pairs, such as each set. The sample of the different normal individual origin was analyzed from the cancer (for example, ovary) which cannot obtain a normal contiguity sample from the same individual.

[0077]

[A table 9]

表7:個別サ、	50 v r 1	15の相対発現レベル			
題	サンブルID	施のタイプ	斑	境界惡性	正常及び対等正質語を
四推 1	Ovr10370/10380	乳頭状血清膜癌、G3	193.34		0.24
明集3	OvrG021SPI/SN2	乳頭状血滑腺癌	0.38		m
野栗4	OvrG010SP/SN	乳切状血闭腺癌	231.25		
卵巢2	OvrA084/A086	粘案性腫瘍、G-B、境界域		143.34	\ \ \ \ \ \ .
卵巢5	OvrA081F/A082D	粘素性腫瘍、悪性の可能性低い		314.13	0
卵巣19	Ovr14604A1C	血消養腺級維固、低悪性度		∞	
卵巢26	Ovr14638A1C	毛包嚢胞、悪性の可能性低い	-	1278.32	
卵巣 6	Ovr10400	乳頭状血清腺癌、G2	144.25		
卵巢22	Ovr9410C360	子宫内膜状腺癌	0.29		
卵果23	Ovr1305X	乳頭状血滑腺癌	157.41		
卵巢27	0 0 1 7 7 3 0	乳頭状血清腺癌	340.04		
卵巢28	988	乳頭状血清膜癌	464.75		
卵巢7	115	乳頭状血清腺癌	432.07		
卵巢8	Ovr 1005O	乳頭状血清子宮内膜癌	74.23		
品類 9	Ovr10280	<b>卵巢癌</b>	1408.79		
95年10	Ovr14603A1D	<b>聚免</b>	0.00		
90.数1.1	Ovr9702C018GA	正常囊胞			0.16
卵巢12	Ovr 2061	正常、左娄楯、小鐇胞			0
即模13	Ovr9702C020GA	正常一多取卵巢囊胞			0.00
<b>卵集14</b>	9.7	旧第一出価性のし義的			0.00
卵巢15	r 9 7 0 1 C	正常一多五卵巢囊胞			0.91
<u>ا</u> ب	Ovr9701C087RA	正常一小毛包性囊腔			0.00
即果17	r 9702C				0.28
卵製18	vr9701C1	正弁			0.00
卵果20	Ovr9411C057R	良性大子宫内膜囊胞			38.87
<b>卵巢</b> 21	Ovr9701C179a	正常			0.08
卵巢24	vr14610	血消嚢腺線維題、悪性でない			0.00
卵果25	vr9701C03	正常			0.00
<b>卵集29</b>	702C0	正体			0.00
卵巢30	701C0	正常一小毛包性囊胞			0.00
卵巢31	vr9411C10	正常			0.00
卵巢32	vr9701C177	正常一囊胞性毛包			0.00
子宫1	tr850U/851U	ステージ1子宮内膜焼/NAT	39.95		13.60
子宮2	/9	腺癌/NAT	140.37		22.67
子宫3	Utr13590/13580	随像/NAT	16.45		32.50

[0078] [A table 10]

子宫4	Utr14170/14180	悪性腫瘍/NAT	288.52	5. 29
子宮内膜 1	End14863A1A/A2A	やや分化した子宮内膜施/	2.61	
子宫内膜 2	nd9709C0	子宫内膜腺癌/NAT	2.10	49.40
子宫内膜3	nd9704C2	子宫内膜腺癌/NAT	480.77	19.22
子宮内膜 4	705A125	子宮内膜限选/NAT	322.07	31.08
22.	0C/7	転移骨原性肉腫/NAT	38.81	7.36
肺2	90A/8	海/NAT	690.12	14.71
5年	ng9502C1		1756.90	2.86
皮膚 1	kn2S9821248A/	税発性悪性メラノーマ	10.56	0.00
皮膚 2	n4005287A1		331.30	47.23
斯立聯 1	ro1012B/1	腺低/NAT	14.64	4.39
前立機 2	01094B/1		0.09	2.54
物架 1	d665T/		404.56	90.20
膀胱2	d 3 2 7 K	乳頭状移行細胞癌/NAT	77.35	177. 37
1 個本	003710		0.17	12.72
野政2	2D/1		0.00	13.74
乳腺 1	Mam1620F/1621F		0.27	0.12
乳腺2	Mam4003259a/g		5.71	0.00
开窗 1	743	肝細胞癌/NAT	0.14	0.69
肝臓 2	NZ > i	施/NAT	0.00	0.00
小腸 1	19802H008		128.44	151.38
I I	0400486	腺鹿/NAT	303.01	116.72
图 2	t o S 9 8 2 2	限度/NAT	24.12	17.76
<b>H</b> 3	toS99728A	恶性仔剧基質瓶塢	0.00	9. 10
松岡 1	an776p/77	種籍/NAT	0.00	0.43
路職 2	24p/82	表胞性腺腫	0.00	3. 17
帮架 ]	st239X/24	国境/NAT	24.05	1.37
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	83		- }	
括脚2	1n4004732A7/B	腺類/NAT	367.20	281.32
新聞3	0469		316.15	295.77
拓聯4	1n9612B006/00	上行性結關、盲腸、腺癌	820.89	543.52
格闘 5	n 9 7 0 4 C 0 2 4 R	腺癌/NAT	61.1	150.07
類部 1	83/8	角化性扁平細胞癌	738.17	1195.88
類邸2	2 3 D/	大細胞非角化癌	1473.04	1229.80
類部3	C v x I N D 0 0 0 2 4 D / N	大細胞非角化第	2877.48	1275.02

### [0079]

A table 6 and a table 7 are doubled with 17 sorts of human tissue molds, and express the sample of a total of 129 pieces. The comparison of the level of the mRNA manifestation in the ovarian cancer sample of the same individual origin and a normal adjoining organization, or the normal adjoining organization of other individual origins is shown in a table 7. Ovr115 was discovered on higher level nine (75%) of 12 cancer organizations as compared with the record level shown in a total of 21 normal or a normal contiguity ovary sample. The manifestation of Ovr115 was going up by all (100%) four of four ovarian cysts which have malignancy in a boundary region. The median of a manifestation [ in / to the median of the manifestation in the normal ovary being 0 / an ovarian cancer (malignancy also contains the thing on a boundary) ] was 212.30. As compared with the normal adjoining organization sample of these selves, also according to lung cancer, the manifestation level of Ovr115 rose by three pieces (75%) according to three pieces (100%) and a uterine cancer, and was rising by endometrial cancer two [ of three pieces ] (50%) of the four pieces of the four pieces.

It is shown that that the manifestation level of Ovr115 is relatively high in the sample of the cancer as which an ovarian cancer and others were chosen becomes the diagnostic marker with which Ovr115 detects an ovarian cancer, lung cancer, a uterine cancer, and endometrial cancer.

[0081]

;g2597613-gi|2507612|gb|U75329.1|HSU75329 which the homolog of Ovr115 is also identified by the well-known database mRNA of a Homo sapiens serine protease, perfect CDS. This homolog is SEQ with this description. ID It is shown as NO:9. SEQ ID It is thought that NO:9 or the protein (SEQ ID NO:15) by which a code is carried out by that cause is also useful as a diagnostic marker for detecting an ovarian cancer, lung cancer, a uterine cancer, and endometrial cancer in a Homo sapiens patient, and it obtains.

[Layout Table]

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Val Pro Thr Val Tyr Glu Val His Pro Ala Gln Tyr Tyr Pro Ser Pro
Val Pro Gln Tyr Ala Pro Arg Val Leu Thr Gln Ala Ser Asn Pro Val
     50
                          55
                                              60
Val Cys Thr Gln Pro Lys Ser Pro Ser Gly Thr Val Cys Thr Ser Lys
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Gly	Ala	Ala	Leu 100	Ala	Ala	Gly	Leu	Leu 105	Trp	Lys	Phe	Met	Gly 110	Ser	Lys
Суз	Ser	Asn 115	Ser	Gly	Ile	Glu	Cys 120	Asp	Ser	Ser	Gly	Thr 125	Суз	Ile	Asn
Pro	Ser 130	Asn	Trp	Cys	Asp	Gly 135	Val	Ser	His	Суѕ	Pro 140	Gly	Gly	Glu	qeA
Glu 145	Asn	Arg	Cys	Val	Arg 150	Leu	Tyr	Gly	Pro	Asn 155	Phe	Ile	Leu	Gln	Met 160
Tyr	Ser	Ser	Gln	Arg 165	Lys	Ser	Trp	His	Pro 170	Val	Cys	Gln	Asp	Asp 175	Trp
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Asn	Phe	Tyr 195	Ser	Ser	Gln	Gly	11e 200	Val	Asp	Asp	Ser	Gly 205	Ser	Thr	Ser
Phe	Met 210	Lys	Leu	Asn	Thr	Ser 215	Ala	Gly	Asn	Val	Asp 220	lle	Tyr	Lys	Lys
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Cys	Leu	Ala	Cys	Gly 245	Val	Asn	Leu	Asn	Ser 250	Ser	Arg	Gln	Ser	Arg 255	Ile
Val	Gly	Сĵλ	G1u 260	Ser	Ala	Leu	Pro	Gly 265	Ala	Trp	Pro	Trp	Gln 270	Val	Ser
		275					280					11e 285			
Glu	Trp 290	Ile	Val	Thr	Ala	Ala 295	His	Суз	Val	Glu	Lys 300	Pro	Leu	Asn	Asn
305					310					315	-	Gln			320
Phe	Tyr	Gly	Ala	Gly	Tyr	Gln	Val	Gln	Lys	Val	Ile	Ser	His	Pro	Asn

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Tyr Asp Ser Lys	Thr Lys Asn Asn	Asp Ile Ala Leu Met	Lys Leu Gln
340		345	350
Lys Pro Leu Thr	Phe Asn Asp Leu	Val Lys Pro Val Cys	Leu Pro Asn
355	360	365	
Pro Gly Met Met	Leu Gln Pro Glu	Gln Leu Cys Trp Ile	Ser Gly Trp
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Gly Ala Thr Glu	Glu Lys Gly Lys	Thr Ser Glu Val Leu	Asn Ala Ala
385	. 390	395	400
Lys Val Leu Leu	Ile Glu Thr Gln	Arg Cys Asn Ser Arg	Tyr Val Tyr
	405	410	415
Asp Asn Leu Ile		Ile Cys Ala Gly Phe	Leu Gln Gly
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Asn Val Asp Ser	Cys Gln Gly Asp	Ser Gly Gly Pro Leu	Val Thr Ser
435	440	445	
Asn Asn Asn Ile	Trp Trp Leu Ile	Gly Asp Thr Ser Trp	Gly Ser Gly
450	455	460	
Cys Ala Lys Ala	Tyr Arg Pro Gly	Val Tyr Gly Asn Val	Met Val Phe
465	470	475	480
Thr Asp Trp Ile	Tyr Arg Gln Met 485	Lys Ala Asn Gly 490	

[Translation done.]